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ABSTRACT

The final report describes a 3-year project to train speech language pathologists and audiologists to deliver services to young children (birth to age 5) with communication disorders. Specific project objectives included (1) provision of basic and applied information to pathologists and audiologists through coursework and practical experiences; (2) training of pathologists and audiologists in ways to incorporate parents in the overall intervention program; and (3) training in ways to coordinate and sensitively communicate to parents information from other professionals involved in the child's treatment plan. A curriculum and set of practicum experiences was developed and tested with 11 trainees. Coursework included: observation of normally developing children for 10 weeks of lecture and lab, preschool practicum for 2 half-days with associated lecture and seminar; a self-contained language group experience with toddlers; an internship experience for 20 hours per week; and an externship for one semester. The evaluation plan and its findings are outlined. The major portion of the document consists of the following individual reports on project highlights: "The Developmental-Interaction Curriculum: An Approach to Training" (Sue McCord); "Parent Education Practicum Model: Theoretical and Philosophical Basis for the Parent Program" (Janice Zelazo); "The Mainstreamed Laboratory Preschool: A Training Site: Minstreaming" (Kate Ingmundson and Sue McCord); and "Multidisciplinary Team Staffing Practicum" (Susan Moore). (DB)

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Part I:
Project Identification

Date of Report: 11/10/87	Grant Number: G008430142	Period of Report: From: 8/20/84 To: 8/19/87

Grantee Name and Descriptive Title of Project:
Special Project for the Preparation of Speech Pathologists and Audiologists to Provide Competent Services to Handicapped Children, Birth to Age 5
Competition: 84-029K Special Projects

CERTIFICATION: I certify that to the best of my knowledge and belief this report (consisting of this and subsequent pages and attachments) is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s): Gretchen Sue McCord (Co-Director)	Signature of Project Director(s) or Principal Investigator(s):

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Part II:
Project Summary Report
for
The United States Department of Education
Special Project for the Preparation of Speech
Pathologists and Audiologists to Provide Competent
Services to Handicapped Children, Birth to Age 5
Competition: 84-029K Special Projects

Project Summary Format

I. Project overview

II. Project objectives

III. Comparison of objectives/accomplishments/changes due to transfer

IV. Data chart on project objective

V. Evaluation data

VI. Individual reports on project highlights

1. The Developmental Interaction Curriculum: An Approach to Training: The Child
2. The Developmental Interaction Curriculum: An Approach to Training: The Student Trainee
    a) Early childhood coursework
3. The Student Trainee and the Interface with Parents:
    a) The mainstreamed laboratory preschool as a training site model
    b) Parent education practicum model
    c) Multidisciplinary team staffing practicum model

PROJECT SUMMARY

I. Project overview:

The Special Project for the Preparation of Speech Pathologists and Audiologists to Provide Competent Services to Handicapped Children, Birth to Age Five was initiated in August 1984 as a three year grant in the Department of Speech Pathology and Audiology at the University of Denver. For two years the original grant objectives were pursued and a high standard of performance was accomplished in all of the designated areas. In June 1986, the Department of Speech Pathology and Audiology was terminated due to funding problems at the University level. In August 1986, with the approval of the Department of Education, the grant was successfully transferred to the Department of Communication Disorders and Speech Science at the University of Colorado, Boulder.

Though the transfer was initially a complex meshing of two projects, the final year accomplished and exceeded the original grant objectives. The grant staff became an integral part of the department and a catalyst for the department's growing commitment to early childhood education. The personnel from the Child Language Center Project in the Department of Communication Disorders and Speech Science and the personnel from this Early Childhood Special Project shared expertise from their perspective projects enabling more in-depth provision of services to the children, the families, the college students, and the staff. As testimony to the successful merger of the two projects, the Child Language Center has incorporated an early childhood position into the preschool staffing in the absence of this grant funding. The team approach of speech pathologist and early childhood educator in the classroom continues the work that was started in the final year of this special projects grant.

II. Project objectives:

The major emphasis of this project was to develop and implement improved approaches to training competent speech-language pathologists and audiologists for delivery of services to young children (birth to five) with communication disorders. Its mission was directed to the in-depth training of speech-language pathologists and audiologists to do the following:

1. To understand the current basic and applied information regarding normal development of young children (Birth - 5) through the combination of academic coursework and a variety of practical experiences.

2. To incorporate parents of special needs children into the overall intervention program based on the information regarding the critical relationship between parent and child and the actual experience in facilitating parent programs.

3. To coordinate the information from all of the other professionals involved with the child's treatment plan and professionally and sensitively convey this information to the child's parents.

The grants final contribution was to disseminate the methods and results of the training through state and national conferences, inservice seminar/workshops, and through the publication of the developmental-interaction curriculum.

A comparison of our grant objectives and actual accomplishments, milestones, digressions, and outcome of activities will follow:

III. Comparison of objectives/accomplishments/changes due to Transfer:

The first grant objective was to create a curriculum in normal development based on a solid theoretical foundation and applied in a number of well supervised group settings. This objective was accomplished through a series of courses progressing over a two year period in the following sequence: ten weeks of guided observation and lecture; ten weeks of theory and two half days per week practicum in the laboratory preschool; one college quarter co-teaching in the self contained Toddler Language Group; and for the four grant trainees each year, a closely supervised internship in the preschool for twenty hours per week for ten weeks.

In transferring the grant to the University of Colorado, Boulder in its final year, adjustments had to be made in the progression and make up of the proposed courses. The students who applied for the traineeship from this grant were second year graduate students in good academic standing who could withstand the rigors of an increased load, had taken one practicum in the preschool, and were committed to working with young children and their families.

The course in observation and the practicum seminar were combined over a fifteen week period to incorporate the essentials of both courses. The grant trainees participated at the Boulder Day Nursery in the Toddler room for 2 half days a week with supervision from the classroom teacher, the Center director, Bruce Atchison, an early childhood specialist, and by Janice Zelazo, the supervisor/speech-language pathologist. This group of toddlers was not language impaired and gave our students a rich experience with normally developing language in its emerging stages.

The practicum in the Child Language Center was enhanced by the inclusion of a video tape assessment procedure made possible by the department's in-house taping system. Each student's intervention style was individually critiqued three times a semester without disrupting the flow of the classroom. Also the inclusion of four minority children in the Child Language Center during the second semester was an important and vital addition to our training program and to the lives of these children.

The internship for the project's four trainees was extended to twenty hours per week for sixteen weeks due to the difference in the University of Denver's quarter system and the University of Colorado's semester system. To diversify the student's experience and take full advantage of the extra hours, we divided the students internship role to include two settings -eight weeks in each setting. (See page 7 in Transfer Grant - Program Changes/Extensions.) Students therefore participated not only in the Child Language Center, a smaller mainstreamed preschool in a laboratory setting, but they also participated at a larger day care center in the community. Boulder Day Nursery is a center that has been serving low income, single parent families in the Boulder community for over fifty years. The Center closely involved our trainee students with the low income targeted population of the Center and gave them a first hand experience with the needs of these particular families and their young offspring.

All of our grant trainees, except the two students who will complete their externship in the spring of 1988, did a quarter/semester supervised externship with children in a site working with communication disorders. This is an example of the compatability between the project/program goals in both settings.

The final phase of this report contains a more in-depth presentation of the developmental-interaction process which we have entitled: The Developmental-Interaction Curriculum: An Approach to Training. In reference to this first grant objective, the Developmental-Interaction approach refers to encouraging students in speech pathology and audiology to gradually increase the complexity of their learning in the area of normal development and the whole child through a theory to practice series of experiences. The emphasis for training in the past has been focused on the pathology or abnormality rather than the normal development of the whole child as a point of reference. The emphasis through this grant objective has been to gain an understanding of the development and needs of children in an attempt to understand the particular needs of the special needs child and his/her family.

(2) The second grant objective was to provide students in training with information regarding the critical relationship between parent and child and the actual experience in facilitating parent programs. This objective was accomplished through the training of students in the developmental-interaction approach which emphasizes the effective interaction between the parent and the child, based on what we know about language development and what we can learn about the individual needs and capabilities of each parent.

This aspect of the project was under the direction of three different parent educators over the three year grant period due to personal circumstances in each of their lives. Because of the nature of this position, the change in personnel was not disruptive to the families, to the students in training or to the overall grant objectives. Each year we had different families in training and different trainees, therefore trust had to be established anew yearly. While at the University of Denver, Jeanne Sheriff, the original parent educator and author of this part of the grant, was replaced by Pat Fagler. Pat had been a supervisor in our department and was familiar to many of the families and the students in the clinic. The continuity of service, philosophy and original objectives was carefully planned and guided by each of the parent educators as they worked with the next person to take their place. Each parent educator has brought their own individual style and expertise to the task of training our students and parents. We are all the richer for the excellence and diversity they brought to the grant staff! (All changes are documented and approved, p. 1 of continuing grant 1985-86, refer to grant transfer letter to Dorothy Marshall, September 10, 1986.)

In this final year of the grant, Janice Zelazo had the challenge of establishing a training program in a new setting for a one year duration. Her task was to train and supervise the four graduate students and to augment the existing parent programs in both the Child Language Center and the Boulder Day Nursery. The issues of parent counseling were integrated into the parent training seminars and concrete issues of family dynamics were addressed on an individual basis.

The final year expansion to incorporate the Boulder Day Nursery extended our services to approximately twenty families through Janice Zelazo and Bruce Atchison's initiation of a series of meetings based on a parent survey of needs. The student trainees were eventually to organize and plan these meetings and were monitored by the Boulder Day director and the parent educator. A follow-up newsletter of each meeting was written by the student in this phase of the training to be sent to all families in the Center. A network of families was established to continue this program with the parent educator and the Center director at the close of the grant. Whenever possible, the seeds of parent support planted during this year will continue to flourish under the able guidance of the directors of both the Child Language Center and Boulder Day Nursery. The continuity of this service to parents is critical.

Two sessions of the internship seminar entitled: Issues in Parenting were opened to include the graduate students in the department. The number of students attending was limited, but it was an excellent way of extending our efforts in offering more content to the graduate students in the department beyond our grant trainees. Some of the video tapes gathered by the trainees on their home visits were assessed at this time also, giving the other students an excellent chance to gain the expertise and insight of the experienced parent educator as well as the growing insight of the grant trainees in the parent practicum training.

The third objective was to provide students in training with actual experience in team consulting using other professionals in the field who work with young children. The objective was accomplished by training the students to actualize the coordination of a major staffing, to gather all of the information from all of the other professionals involved with a child's treatment plan, and to professionally and sensitively convey that information to the child's parents. How effectively a therapist works with a parent in the training and/or staffing domain will have its roots in understanding the dynamic interaction of a parent's development and progress through the grieving process as well as that parent's ability to effectively communicate with their child.

The Developmental-Interaction paradigm is an integral part of this aspect of the training curriculum. The student being trained is to observe, to gain an understanding, and to assess where an individual parent might be on their own developmental scale from denial to acceptance around living with their special needs child.

The multidisciplinary training curriculum gave the students an opportunity to gain the competencies needed in the coordination of the staffing process, the placement considerations for individual children, the professional summarization of the results of the multidisciplinary staffing and the sensitive reporting of that information to the child's parents. These competencies were gained through a carefully sequenced series of meetings between the grant staff, the grant trainees, and the parents; through a rotating participatory experience in two separate staffings in the roles of a parent advocate and a staffing coordinator; through the observation of each professional doing an assessment of the child being staffed and conveying that information at the multidisciplinary staffing; and through the observation/

participation in a variety of staffing and assessment models.

The expertise required to bridge the information from professional to the parent with an understanding, empathetic, realistic approach was skillfully demonstrated by the grant's expert team of professional consultants. The entire consultant staff: James Salbenblatt, Developmental Pediatrician; Judy Jones, Occupational Therapist; Ann Cotton, Physical Therapist; Joanne Misner, Parent/Family Counselor; and Susan Moore, Speech-Language Pathologist stayed with the project the entire three years. Even the university transfer in our final year, which meant traveling a round trip distance of 80 miles for each session, did not dampen the enthusiasm of this dedicated team.

The fourth objective was to disseminate information regarding effectiveness of methodologies utilized through inservice, planned state and national presentations, and publications. The accomplishment of this objective has far exceeded our wildest dreams. The grant team has given over sixty presentations at the local, state, and national level within the past three years. The staff has also been heavily involved in community agencies: serving on four child related boards, working with Head Start, Child Find, PEAK (Parents Education and Assistance for Kids), and Interact (professionals involved in programs serving handicapped children), serving on a Governors task force, assessing needs of children in the state in the Birth to five population, and supporting efforts of the day care home providers to serve handicapped children. Though the grant has ended, the team has eleven more presentations at the state and national level on the calendar for this fall! The predominate topics for dissemination have been in the areas of curriculum development, advocacy for the parents of handicapped children, and the integration of early childhood and speech language training of the speech-language pathologist and audiologist.

The attached publications at the end of this report were written by our staff for a record of our accomplishments during this grant period and for dissemination at our future presentations.

There were four more objectives in our original grant proposal that we were able to accomplish at both university settings:

1. a strong professional commitment to exceed the minimum supervision requirement for all students in training was accomplished and that commitment was shared by the project and the program.

2. the graduate clinical assistants were provided with both departmental or interdepartmental program options. Certification options naturally followed program options.

3. The project was able to maintain maximum flexibility so that each graduate clinical assistant could opt for certification status for his/her choice. (Two of our students chose to stay on for another semester in order to accomplish this goal and maintain the quality of their education.)

4. Evaluation data was periodically studied and recommendations were made for minor project modifications and extensions in our multidisciplinary staffing models, our preschool staff evaluation process (new forms attached in appendix), and the expansion of our internship participation and parent practicum to include a larger, low income population of families as part of the training process.

Limitations Imposed by Transfer:

Trainees:

The termination of the Department of Speech Pathology and Audiology and the transfer to the Department of Communication Disorders and Speech Science necessitated some changes that were not discussed in the previous narrative. The physical move from the University of Denver to the University of Colorado had to be completed by August 15, 1986. This meant that our trainees would not be able to be in the Early Childhood Language Center during that time. To compensate for this lost time, externships were established by Susan Moore and supervised by Pat Fagler and Susan Moore for the trainees for two weeks in August 1986 at the Children's Hospital in Denver. Each student was assigned to work with a language group leader (speech pathologist on the hospital staff) and five to ten children ages 3-7 with communicative impairments. They were to be an integral part of the planning and execution of the curriculum, to help assess the children enrolled for the two week group, and to complete a written evaluation of their experiences. In addition, the trainees worked closely with the grant staff on researching new information/articles for teaching the preschool practicum as well as reviewing articles that had been used in the past. A compilation of articles from this review was gathered as a text to be used in the preschool curriculum for the transfer year at the University of Colorado.

Father's Group:

The father's group program (1984-1986) at the University of Denver, significantly contributed to the amount of involvement by the male parents. The meetings, designated for fathers only, were well attended by most of the fathers, but were a particularly satisfying way for a divorced parent to remain comfortably active in his child's school life.

(Mothers were usually the ones to come to the all school meetings.)

The reconfiguration of our staff for the transfer year (1986-1987), eliminated the establishment of a new father's group for the Child Language Center. The significant dynamics of having a male facilitator for the father's group who was also the children's classroom teacher was lost when Bruce Atchison became a day care administrator at the close of the University of Denver's program in Speech Pathology in August 1986.

Budget:

The only discrepancy in the transfer budget was the allocation of funds for the grant employee benefits. Part-time employees at the University of Colorado cannot receive benefits, therefore we had an excess in that category. Any changes in the budget were approved by Washington and are documented in the continuation grants (1984-1985; 1985-1986) and the transfer grant (1986-1987).

IV.

DATA ON FOUR PROJECT OBJECTIVES

1. Academic Coursework for Provision of Training in Normal Development

COURSE TITLES	NUMBER OF COLLEGE STUDENTS ENROLLED 1984-1985	 1985-1986	 1986-1987	 TOTAL	COMMENTS
(Observation) Communication Thru Play	13	Given on altern. yrs.	27	40	
Preschool Practicum	28	20	27	75	
Language Group	6	*	4	10	*Reorganization of de lang. grp discontinued
Internship ⊙	4	*3	4	11	*1 trainee withdrew b fore completion due t serious illness. ⊙Limited to trainees-4 per yr.

ECLC & CLC preschools directly served a total of 110 families from 1984-1987

2. Parent Training

CATEGORIES	FAMILIES RECEIVING SERVICE 1984-1985	 1985-1986	 1986-1987	 TOTAL	COMMENTS
Parent Training Practicum	12	12	9	33	
Mtgs/Support Groups	10/15 per mtg. out of 40		9/10 poss 32 12/15 poss 45	approx 25-30 per month	approx 113 families si nificantly served
Final Parent Conferences	28	25	30	83	
Father's Group	--	10/15	--	approx. 12 steady	

3. Team Consulting (Multidisciplinary Staffings)

CATEGORIES	1984-1985		1985-1986		1986-1987		TOTAL		COMMENTS
	S	P	S	P	S	P	S	P	
Prestaffing	4	3	3	3	4	3	11	9	S=Student P=Parent
Multidisciplinary staff.	4/15*	3	3/10*	3	4/24*	3	56	9	*Observing students
Post staffing	4	3	3	3	4	3	11	9	
Review/evaluation Session	4	--	3	--	4	--	11	--	

4. Dissemination - Presentations

CATEGORIES	SERVING PROFESSIONALS IN THE COMMUNITY (presentations/consultations/yr 1984-1985	 1985-1986	 1986-1987	 TOTAL	COMMENTS
State	1	2	8	11	Attendance at the state and national conferences went from 25-500 participants
National	1	2	2	5	
Consulting/ Community Service	7	11	17	35	
Inservice Presentations	9	19	21	49	

V. Evaluation Data:

The evaluation system for this project was adopted from the Discrepancy Evaluation Model (DEM) utilized by the Department of Speech Pathology and Audiology at the University of Denver for overall evaluation of the program. (See attached table.) The program and special project interface were closely linked through this evaluation system. Adaptation of several of the department's instruments were made so that information in the birth to five population could be extracted and compiled. Due to the termination of the Department of Speech Pathology and Audiology at the University of Denver in August 1986, data on selected questions is no longer available.

The final data analysis compiled in this section of the report, however, indicates positive results are available for the majority of evaluation questions posed. Analysis of the overall results indicates project training objectives specific to increasing exposure and competence with the birth to five population were accomplished. A significant impact not only on trainees' development but families served is documented. (See Data Chart on Project Objectives, p. 9).

In supplement to these data, we have been able to document follow-up information with eighteen of the families served over the past three years. Letters, phone calls, contact with therapists and numerous visits have enabled us to compile this information. Eight of the children in the group having special needs are doing exceptionally well in regular classroom settings. Two of the special needs children are very involved, but are progressing well in their public school special education programs.

V. EVALUATION PLAN

EVALUATION QUESTION	SOURCE OF INFORMATION	ADMINISTRATION SCHEDULE	ADMINISTRATOR	FINAL DATA ANALYSIS/SUMMARY 1984-1987
I. Program Impact A. Primary Goal - Impact of Student Clinician Training 1. Q. Do students completing the training program demonstrate competencies in: a. diagnostic procedures (audiological and speech-language orented), planning of diagnosis and remediation, Rx application, report writing, interpersonal skills b. knowledge and application of principles of normal early child development to a mainstreamed preschool c. counselling and training of parents with infants and/or preschool children with communication disorders d. working with other professionals (O.T., P.T., psychologist, etc.) in a staffing situation	*Competence-Based Evaluation (5 point rating scale) 1. In-clinic evaluation 2. Preschool practica evaluation 3. Preschool internship evaluation 4. Early childhood externship evaluation 5. Parent education practicum evaluation	1. following each of the 4 quarters of in-clinic practicum 2. following preschool practica quarter 3. following preschool internship quarter 4. following externship 5. during and following parent education practicum	1. Department Clinical Supervisors 2. Early Child Development Teacher in preschool 3. Early Childhood Specialists in preschool practica 4. Externship supervisors 5. Parent Education Coordinator	a. 100% of graduate students participating in diagnostics during the 2 year period completed this aspect of training (1984-1986) and met the program standard of satisfactory or above 3, 4, or 5 on a 5 point rating in 6 competency areas (1986-1987-transfer year - not applicable) b. 63 out of 75 students participating in the mainstream preschool practicum during the 3 year period obtained an above average outstanding overall rating in performance (4 or 5 on a 5 point scale). 9 students received satisfactory (3) ratings, 3 received below average (2) c. 11 students participated in the parent education practicum during the 3 year period. All obtained satisfactory and above (3, 4, or 5 on a 5 point scale) d. 11 students participated in staffings. Each achieving above average ratings (4 or 5 on a 5 point scale) on all components of the evaluation form developed. (49 students participated by observing the staffings through one-way glass and the video taping process.)

EVALUATION QUESTION	SOURCE OF INFORMATION	ADMINISTRATION SCHEDULE	ADMINISTRATOR	FINAL DATA ANALYSIS/SUMMARY 1984-1987
2. Q. Do minorities completing the training program demonstrate competencies in the above skill areas?	*Competency-Based Evaluation (see #1 above) (Minority status is obtained on a voluntary basis.)	See #1 above	See #1 above	a. 1 minority completed the internship program b. 7 minority students have completed their preschool practica and achieved ratings of 3 to 5 on 5 (outstanding) point scale.
3. Q. How many minorities included in the project successfully complete the training program?	*Student Academic Records (Minority status is obtained on a voluntary basis)	Annually	Project Secretary	See #2 a) and b) above
B. Secondary Goals 1. Impact on clinic preschool population a) do children ages 0-5 improve in communication abilities following remediation within the Early Childhood Language Center?	*Client quarterly reports question (regarding progress made) on Consumer Evaluation Instrument	Following each quarter of in-clinic practicum	Student Clinician; Project Supervisor	An overall rating of 3.8 (on a 5 point scale) was reported from parents concerning degree of improvement. This rating indicates above average improvement for the majority of children. No parent indicated below average or unsatisfactory improvement (1 or 2).
b) do communication abilities of minority children improve following remediation by student clinicians within the Early Childhood Language Center?	*Client quarterly reports question (regardin progress made) on Consumer Evaluation Instrument	Following each quarter of clinic practicum	Student Clinician via Project Supervisor	Overall rating was in the above range (4 or 5 on a 5 point scale). No parent indicated below average or unsatisfactory improvement.
c) what percentage of service by student clinicians is directed to minority preschool children or infants?	*Demographic information on Consumer Evaluation Instrument (Minority status will be obtained on a voluntary basis)	Following each quarter of in-clinic practicum	Project Secretary	9% (averaged out over 3 year period)

EVALUATION QUESTION	SOURCE OF INFORMATION	ADMINISTRATION SCHEDULE	ADMINISTRATOR	FINAL DATA ANALYSIS/SUMMARY 1984-1987
d) how many children ages 0-5 are served by graduates of the training program through direct and in-direct service?	Graduate Survey (Impact on the handicapped) see Appendix	Annually in August	Project Supervisor	Data not available due to closure of department at the University of Denver
e) how many parents have been served by the parent education of the ECLC and the CLC?	Actual count of families served in preschool, parent training and language groups components	Following each quarter of practicum	Parent Education Coordinator	113 parents have been served over the 3 year period. (See chart page 9 of this report.)
f) are multidisciplinary staffings effective in helping parents develop an understanding of their child's individual needs?	Parent Evaluation of Multidisciplinary Staffing	Following each staffing	Parent Interaction Program Coordinator	7 families rated staffing aspects as 5 ("outstanding" on a 5 point scale). 2 families rated the various staffing components with 3, 4, 5. No rating of below 3 (satisfactory) were received.
g) are parent training activities effective in helping parents facilitate improved communication in their child?	Parent Interaction Program Evaluation Instrument	Following each quarter of practicum	Parent Interaction Program Coordinator	Of the 37 evaluations completed, all contained ratings of 3, 4, and 5 for all aspects of the training and one rated the coding system aspect a 1, with remaining aspects being 4 and 5 (1 being not helpful and 5 being very helpful). The coding system was the aspect most frequently rated 3, while the other aspects received consistent 4 and 5.
2. Impact on Community Programs Q. How many joint staffings concerning preschool children or infants (0-5) with communicative handicaps are project faculty or students attending?	Clinic log of staffing attendance	Summarized quarterly by handicapping condition	Clinic Secretary	39 joint staffings were attended by faculty including public schools, private schools, day care, and community agencies.

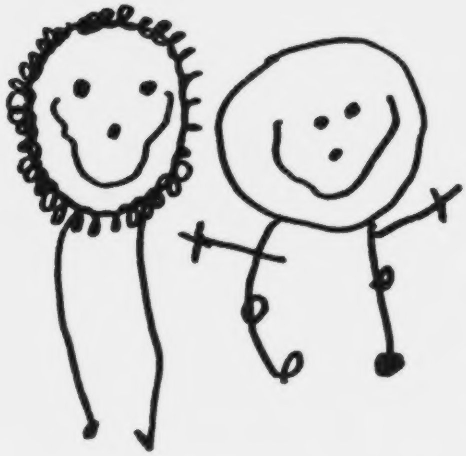
EVALUATION QUESTION	SOURCE OF INFORMATION	ADMINISTRATION SCHEDULE	ADMINISTRATOR	FINAL DATA ANALYSIS/SUMMARY 1984-1987
3. Impact on Improvement of Services for Communicatively Handicapped Children ages (0-5) a) to what extent are project faculty involved in advocacy, consultive and inservice activities at local, state and national levels?	Faculty Vitae Supplementary Questionnaire for Faculty Documentation	Annually	Project Secretary	See chart on page 9 of report.
b) how many ECLC practicum interns graduating in Speech Pathology and Audiology provide service to Communication Disordered children 0-5?	Graduate survey used by department annually	Post-graduation	Parent Education Coordinator	8 out of 11 interns working with children and parents: 2 - hospitals with children 6 - public schools (Early Childhood) 1 - job search 2 - completing graduate school
c) how many ECLC practicum interns graduating from Speech Pathology and Audiology provide service to parents of handicapped children?	Graduate survey used by department annually	Post graduation	Parent Education Coordinator	see above
II. Process of Program Implementation A. Coursework activity 1. Q. Does the coursework contain appropriate content to meet ASHA and CO Department of Education standards of certification?	Course description (specific objectives for each course) from curriculum pertaining to early childhood communicatively handicapped	Comparison of course description information to ASHA coursework specifications spring quarter of each academic year	Curriculum Committee	The curriculum offered by both departments exceeds ASHA standards. Documentation of content areas covered is contained in the CCC requirements checklist (see Appendix Q of 1985 contiuation grant). Requirements of the Colorado Department of Education are met through course required by ASHA plus public school externship and Public School Basic Course.

EVALUATION QUESTION	SOURCE OF INFORMATION	ADMINISTRATION SCHEDULE	ADMINISTRATOR	FINAL DATA ANALYSIS/SUMMARY 1984-1987
2. Q. Does the coursework contain curriculum which will provide the trainee adequate information for the variety of employment situations s/he will experience?	*Graduate On-the-Job Survey (see Appendix)	Rating of coursework adequacy by area of emphasis by graduate and his/her immediate supervisor	Project Director	Data not available due to close of department at University of Denver.
3. Q. Does the quality of teaching meet the established program standard of satisfactory or above performance?	*Course/Instructor Evaluations (see Appendix) *Course Objectives Evaluations	*Ratings on standardized evaluation instrument at end of each quarter *Ratings by students and instructors at the end of each quarter	Project Secretary	Data not available due to close of department at University of Denver
B. Practicum activity 1. Q. Does number of hours of supervisory observation of clinician performance meet the ETB requirement of 25% total Rx time and 50% diagnostic time?	*Computerized Reports SPAO 5 and SPAO 6 Supervisory Contact by Levels and by Individual Supervisors. These are tabulated from supervisor quarterly reports of student observation in practicum *ETB requirements	Comparison of results on the two computer reports to the established ETB requirement at the conclusion of each quarter	Project Secretary	All supervisors observed a minimum of 38% of therapy (25% is required) and 100% of speech/language diagnostic (50% required). Supervision of therapy ranged from 30% to 100% with majority in the 45-50% range (1984-1986).
2. Q. Does quality of practicum supervision meet the established program standard of satisfactory or above performance?	*Practicum Supervisor and Clinical Program Evaluation (Computer Report SPAO 3) 1) Supervisor professional qualitites supervisory skills interpersonal skills 2) Program resources (see Appendix : In-clinic Consumer evaluation (see Appendix)	*Ratings by students at the end of each quarter *Rating by parent at the end of each quarter	Project Secretary Project Secretary	Consumers rated clinical supervision at a 4.1 level overall (using a 5 point scale). Overall perforamnce of supervisors was above average and the factors noted by students' ratings in three performance areas were as follows: professional qualities; supervising skills; interpersonal skills)

EVALUATION QUESTION	SOURCE OF INFORMATION	ADMINISTRATION SCHEDULE	ADMINISTRATOR	FINAL DATA ANALYSIS/SUMMARY 1984-1987
3. Q. Does practicum training adequately prepare students for successful participation in multisisciplinary staffings?	Consultant's Evaluation of ECLC multidisciplinary staffing (see Appendix)	Following each staffing	Parent Education Coordinator	For the 9 completed staffings (e each year for 3 years) no consultant recorded a rating below 3 (satisfactory on a 5 point scale). The vast majority of ratings for each component were 4 and 5 (satisfactory and outstanding).
4. Does quality of supervision meet the established program standard of satisfactory or above performance? a) internship b) externship	a) Internship Supervisor Evaluation b) Externship Supervisor/ Site Evaluation (see Appendix)	a) Following internship b) Following externship	a) Internship Supervisor b) Externship Supervisor/ Externship Liaison	a) All students received above average ratings (4-5) on a 5 point scale. b) All students on externships received a 4-5 on a 5 point scale except for 1 student receiving a 3 (satisfactory); 2 students to do externship winter semester 1988.
5. Q. Does the training program provide adequate liaison with its externship sites?	*Questionnarie to Internship Sites concerning liaison adequacy *Q 3 of Internship Student Clinician Evaluation Instrument	*Questionnaire sent to all sites in spring of each year *Compilation of answers to Q 3 August of each year	Internship Liaison-Project Director and Project Supervisor	No data available due to close of department at Denver University.
6. Q. Do clinical experiences within the practicum, internship and externship settings provide decision making opportunities representative of those the trainee will experience on the job?	*Graduate Survey (see Appendix) *Internship Liaison's Report on Site Experiences	*Survey and reports collected August of each year	Project Director	No data available due to closure of department at the University of Denver

EVALUATION QUESTION	SOURCE OF INFORMATION	ADMINISTRATION SCHEDULE	ADMINISTRATOR	FINAL DATA ANALYSIS/SUMMARY 1984-1987
7. Q. Does the client population within the ECLC practicum adequately represent the clients trainees will experience on the job?	*Client identification profiles compiled from consumer questionnaires. *Client distribution reported in graduate survey (see Appendix for both)	*Review of consumer data annually *Review of graduate survey data annually	Project Secretary	See above (#6)

Final Reports
to the United States Department of Education
Special Projects for the Preparation of Speech
Pathologists and Audiologists to Provide Competent
Services to Handicapped Children, Birth to Age 5
Competition: 84-029K Special Projects



The Developmental - Interaction
Curriculum: An Approach To Training

Sue McCord, Project Co-Director
Instructor/Consultant
University of Colorado, Boulder

Final Report for the United States Department of Education
Special Projects for the Preparation of Speech Pathologists
and Audiologists to Provide Competent Services to Handicapped
Children, Birth to Age 5
Competition: 84-029K Special Projects

VI. Individual Reports on Project Highlights:

The Developmental-Interaction Curriculum: An Approach to Training

Historically the developmental-interaction approach has its roots in the progressive movement of the early part of this century; and is most often associated with the Bank Street College of Education. Philosophically this approach makes explicit two basic underlying premise:

".Developmental refers to the fact that growth and development involve not only an increase in physical size and sheer amount of knowledge, but also involve qualitatively different and increasingly complex ways of organizing and responding to experience.

.Interaction refers to the child's interaction with the environment - the social and physical world in which the child functions - and also to the interaction between emotional and cognitive growth."[1]

The special project funding from the Department of Education for the development of this curriculum allowed the staff at both the University of Denver and the University of Colorado, Boulder to expand and elaborate on the underlying premise stated above. In the emerging stages of this project, the approach was basically focused on the development of the preschool practicum curriculum. Early in the actualization of this project, however, the philosophy became an integral part of all three aspects of the training for: the children, the families, and the students. The growth and development of all persons involved and the interaction of all facets of this project are in fact the developmental interaction curriculum, an approach to training.

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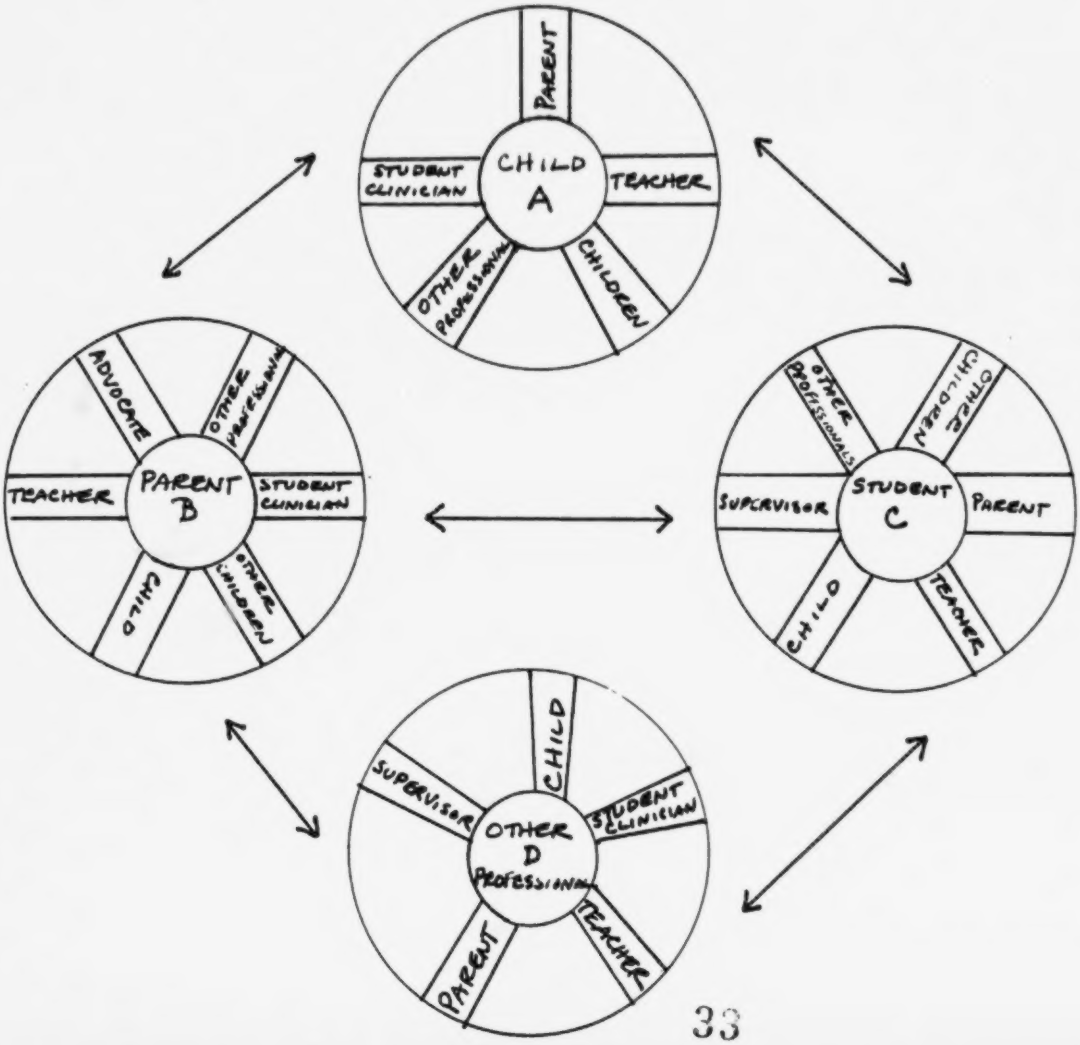
[1] Boegelholk, B.D.; Cuffaro, H.K.; Hooks, W.H. and Klopf, G.J. (Eds.). (1977). Education Before Five: A Handbook on Preschool Education. New York: The Bank Street College of Education. p. 46.

At the heart of this curriculum is the child and our growing capacity to understand his development through observing his play and interactions with the world and by working as a team with his family. This training approach can be diagramed in the following way:


CHILD
A
PARENT
TEACHER
CHILDREN
OTHER PROFESSIONAL
STUDENT CLINICIAN
PARENT
B
ADVOCATE
OTHER PROFESSIONAL
STUDENT CLINICIAN
OTHER CHILDREN
CHILD
TEACHER
STUDENT
C
OTHER CHILDREN
PARENT
TEACHER
CHILD
SUPERVISOR
OTHER PROFESSIONALS
OTHER
D
PROFESSIONAL
CHILD
STUDENT CLINICIAN
TEACHER
PARENT
SUPERVISOR

Each circle provides the focal point for our training. Circle A focuses on the child and how the child is perceived by the student, parent, teacher other children, and the team. Circle B focuses on the parent's needs as viewed by the various occupants of the "spokes," and likewise with Circle C and D. The critical aspect for the trainee will be the interaction of each circle, for it is within the dynamics of that interaction that the most complete picture of the child will be revealed.

Taking each circle individually, this report will describe the curriculum with a focus on the child; the student trainee and the early childhood courses; the student trainee and the (a) interface with parents, parent education practicum; and (b) the multidisciplinary staffing practicum.

1. The Child:

The developmental interaction approach for the child starts with the mainstreamed preschool in a department that is training speech-language pathologists and audiologists. There are two preschool groups comprised of five normally developing peer models and five special needs children in each group for a total of twenty children. The teaching team is comprised of an early childhood specialist, a speech-language pathologist, and students in training. Having this combination as a classroom team is enriching to all aspects of the program. Its unique indirect method of therapy has served as a fine model for our graduate students in training and for the many agencies that come to observe.

The curriculum in this classroom has at its core the understanding that all children are children first -- some may have special needs, but the critical, basic needs are the same for all children! It is a child-centered, experiential program with a wide range of developmentally appropriate, open-ended materials; a safe, warm, homelike environment; and adults who care deeply and have the experience and expertise that all children deserve. In this mainstreamed preschool, it is understood that development is a growth process resulting from the child's interaction with the emotional, physical, communicative, social, and cognitive world. Competence, choices as an individual, and the ability to engage in satisfying relationships with others through play is effectively encouraged. Integration of developmental uniqueness and quality interactions are fostered and assessed with skill while supporting the best of a child's human capacity.

It is in this mainstreamed setting that the trainees do their practicum and internship assignments.

2. The Student Trainee: The Developmental Interaction Curriculum:

   a) Early Childhood Coursework:

The focus of the training has been to provide the students with current basic and applied information regarding normal development of young children (birth to five) through the combination of academic coursework and a variety of practical experiences.

The coursework progresses in the following way:

1) observation of normally developing children: Communication through Play for ten weeks of lecture and lab;

2) Preschool Practicum for two half days in the classroom with one hour lecture and one hour issues seminar each week;

3) a self-contained Language Group experience with toddlers for two one hour sessions every week (2 trainees teaming as lead teachers) with a planning seminar and weekly feedback from the supervisor;

4) an Internship experience for 20 hours per week in the preschool with responsibility for planning leadership with the team and participation in the parent component for four grant trainees each year;

5) an Externship working with children with communication impairments in a community setting for one college quarter/semester.

The course goals, outlines, and assignments follow.

Observation in the Preschool: Communication Through Play

COMMUNICATION THROUGH PLAY AND LAB 3 hrs cr.

	Class:	Lab:
Sep. 11	Course Introduction Assignments Reference Book Review Preschool Visit	Weeks of Sep. 10-20 Observe for a total of 4 hours in both the a.m. and p.m. Your focus will be the selection of one peer model study child for you to work with all quarter.
13	Child Development: Theoretical Overview Preschool Programs: Goals and Objectives	
18	Observing and Recording the Behavior of Young Children	
20	Physical Development Infant Through Five Years	Specific observation sheets to be completed in each developmental area. Color code your journal writing in the following way so that you and I can both check on the source of your interpretations: Red-Emotional; Green-Cognitive; Blue-Physical; Yellow-Social
25 27	Cognitive and Language Development	
Oct. 2 4	Emotional Development	
9 11	Social Development	
16	Mid-term Exam	
18	Film: Child's Play and the Real World	"Getting to Know You" Warm-up with study child
23 25	Workshop: Play and Your World; Play and the Child's World	
30	Observation Skills (Developmental Links to Play) (Sociodramatic Play Inventory)	Directed observation and participation in the preschool. Critical to reserve time!
Nov. 1 6 8	Cognitive "Thinking" Play, Piagetian Tasks, and Participation in the Preschool	
13	Art Task: A Dimension of Playfulness & Unique Communication in Each Child	

15 A Quarter in Review

20 Final Exam

Goals:

1. To gain a better understanding of normal development through the careful observation of one child.
2. To be able to separate what is observation from what is interpretation.
3. To observe the integration of the core areas of development through play.
4. To gain a sense of wonder for the individuality of all children.
5. To begin to understand how a child represents the world through play and art.

Assignments:

Class Texts: 1. Hawkins, Frances: The Logic of Action (L.O.A.)
2. Segal, Marilyn and Adcock, Don: Just Pretending (J.P.)
3. Observation notebook
Written: 4. Weekly observational journals

"If we could say that understanding a child is like unraveling a mystery, then taking records is *the gathering of* clues." Cohen

ASSIGNMENT DUE SHEET #1
GUIDE SHEET FOR PLAY OBSERVATION

Observer:
Setting:
Date:
Time:
Number of children involved: ____ boys ____ girls
Approximate age(s)

1. Describe the atmosphere and environment in as much detail as possible:

2. What materials/playthings are available to the children:

3. Do you note any child's reaction that indicates satisfaction or dissatisfaction in what they are doing:

4. Record whatever the children are saying verbatim:

5. If adults are present, what is their role in any of the interactions:

6. Take note of any individual differences (communicative ability, thinking skills, physical, social, emotional development):

Personal Comments:

WORKSHEET

Select the individual child you plan to observe and record the following information as best you can.

Child's Name____________________ Date of Observation__________
Age______ Time of Observation__________

Physical Description of Child

What did you see the child do?

Activity	Behavior	Inferences

I. MOTOR DEVELOPMENT: SUGGESTIONS AND QUESTIONS TO CONSIDER:

Large motor development:

1. What is the child's overall posture?
2. How does the child negotiate large obstacles, for example, walk around chairs, climb ladders and other objects?
3. How does the child engage in an activity?
4. How would you describe the child's walk?
5. What is the general quality of the child's movement... e.g., tension, freedom?

Small motor development:

1. What small motor tasks does the child become engaged in?
2. To what extent does the child engage in small motor activities?
3. What can the child do with her hands and fingers?
4. How does the child crayon, draw or button?
5. Is there an observable degree of tension or relaxation in the child's fingers, hands and total body?

II. SOCIAL DEVELOPMENT: QUESTIONS TO CONSIDER:

1. What is the nature of the child's relationship with her peers?
2. To what degree does the child initiate contact, follow, avoid, and observe the other children?
3. Describe the nature of the group with whom she usually plays. (Note size of the group and sex of the children.) To what degree do these relationships differ in indoor and outdoor play?
4. What is the nature of the contacts she initiates with them? (For example, are they for emotional support, comfort, attention, information, or for solving problems?)
5. To what extent do the adults approach the child and what is the nature of their contacts with him?

III. COGNITIVE DEVELOPMENT: QUESTIONS TO CONSIDER:

How do we know a child is learning?

1. Is the child actively involved in learning or is the child passive?

2. Does the child show curiosity? About what? How often does he/she show it? In what ways? How does the child go about satisfying his/her curiosity? Does the child experiment? Is the search persistent?

3. Does the child ask questions? What kinds? Does the questioning seem to come out of a desire to find answers or to develop relationships? Do the questions make sense? Do the answers lead to action?

4. During story, does the child ask questions about what is in the pictures or why a character does something? Or on a trip, about the things she sees or hears, about the people, etc.?

5. Is the child an adventurous learner or restricted? Is she willing to take chances? Or does he, must he, do things the "right" way? For example, when painting, does the child always use the same kind of stroke, or try new ones, e.g., swirling lines, dotting with hard and soft motions, etc.? Does she enjoy mixing colors and creating new ones? During rhythms, story or group discussion, does he contribute anything that is unique and idiosyncratic?

6. Does the child start the activity with a plan and lose it along the way?

7. Does the child make an effort to understand what is going on? to master a skill? to solve a problem?

8. Is the child easily sidetracked? Is she easily distracted by other children? by noises? by arrivals and departures, etc.?

9. Does the child go through a series of steps in developing a product or an idea? Does he act hastily?

10. Does the child show persistence in exploring? in manipulating? in trial-and-error approaches? Or does she jump form one thing to another?

11. How does the child start an attack on a problem? by saying "I can't," or "I don't understand it?"

by examining the situation and arriving at a thought-out action? by eliminating extraneous factors? by picking a solution out of the air? by impulsively jumping in? by testing each possibility in turn in some kind of order? by selecting the important cues? Does the child have difficulty knowing what to do first?

12. Are there indications of persistence in working on a task? Or does the child concentrate on finding an answer and learning facts? Are facts important to the child to know? Or is the process of finding out itself exciting enough?

13. Which details, and how much, can the child remember of a story that has been read many times over or of an experience in or out of school? Or, when games are played in which each child has a turn to guess what object or objects of a number of objects displayed have been taken away, does the child remember the missing items? Is the child aware of who is absent? who came back to school?

14. Does the child have a variety of responses to questions or does she tend to stick to one answer?

15. Is the child relaxed or anxious in academic situations? Does he work steadily? withdraw? whine? bit nails? attack problems cheerfully?

16. How does a child respond to academic challenge? eagerly? indifferently? seriously? fearfully?

IV. EMOTIONAL DEVELOPMENT: QUESTIONS TO CONSIDER:

1. General self-image

   How much confidence does he have about what he does? What he can do?

   How a child approaches a new task? -or situation? -or person?

   General mode - way he enters the classroom

   How a child handles change - can a child adapt?

   What are his relationships like -with peers -with adults?

   What activities - does he seek?
   Does he always do the same things?

   Does the child always see himself in one way? (a bad kid)

Does he avoid certain activities -situations?

Does he show pleasure in what he does?

Quality of activities and involvement in class?

Way child adapts to transitions, separations?

2. Expression of feeling -

Does the child express/show a range of feeling -sadness, anger, joy, etc.?

How does the child handle frustration?
How does the child manipulate others?

Are his emotions appropriate to the situation?

Can the child seek new outlets, expressions or his emotions, or is he locked in certain responses?

How does he express positive affect - pleasure? friendship? satisfaction? contentment?

How does he express negative affect? - anger, pain, discomfort, aggression?

How does he express anxiety? What kinds of situations make him anxious? What happens to the quality of his behavior? Can he accept supportive comfort?

What makes him fearful? What does he do?

Does he communicate affect spontaneously?

Does he shift moods easily?

Can he accept affection? Can he express it?

How does he respond to pressure?

STAFF REVIEW
FINAL REPORT

NAME OF CHILD: DATE:
TEACHER:

The child's physical presence (how he moves and speaks), stance in the world and modes of expression: gesture, posture, inflection, language, rhythm, energy

the child's emotional tenor and disposition: tone, expressiveness, intensity, range, pattern

the child's mode of relationship to other children: attachments, variation and consistency, quality, range

the child's mode of relationship to other adults: attachments, needs for nurturing, availability to support, dependency, trust, independence

the child's activities and interests: modes of engagement, pattern of involvement, intensity, large and small motor

the child's involvement in formal learning and school expectations: modes of approach, interest, patterns and response of involvement

the child's response to transition, new situations, school structures: initial response, intensity, range of response, resilience, resistance, compliance

the child's greatest strengths and the areas of greatest vulnerability

Written by Patricia Carini, Prospect School, VT

Language Group Practicum

LANGUAGE GROUP PRACTICUM

I. Objectives include:

  A. Experience with preschool children who have language disorders within a self-contained group setting.

  B. Experience in the planning of a language stimulation group with team members.

  C. Experience in the management and facilitation techniques utilized in the execution of a language stimulation group.

  D. Experience in the development of individual goals for language impaired children and their implementation within the framework of a group setting.

  E. Experience in the management of a preschool environment (and its materials) to provide optimal stimulation for preschool children through that environment.

II. Requirements include:

  A. Contacting all parents of children in the group to inform them of date and time the group will resume for the quarter.

  B. Meeting with supervisor on a regular basis to discuss goals and procedures utilized in the language group as well as other issues which are relevant to the planning and execution of the language group.

  C. Turning in lesson plans and logs for the group sessions as requested by supervisor.

  D. Assuming responsibility, along with the other language group clinicians, for the language group room with regard to maintenance of materials and returning the room to order following each language group session.

  E. Establishing individual goals for each child in the group based on baserate information collected during the first two weeks of the quarter.

  F. Turning in an initial summary and final report to include individual and group goals, baserates and endrates as well as procedures utilized to achieve goals. (See previous language group reports.)

G. Scheduling a conference with the parent or parents of each language group child early in the quarter to inform them of language group goals for their child, and at the end of the quarter to report progress made by that child.

Evaluation of Student
Language Group Practicum

Date: Student:
Supervisor:

Please rate the following items using the number corresponding to the appropriate rating.

5 outstanding
4 above average
3 satisfactory
2 below average
1 unsatisfactory

____ 1. Demonstrated competency in the execution of the "mechanics" of a language group including:
  ____ A. providing a functional, stimulating environment
  ____ B. providing age appropriate materials
  ____ C. responsible for returning materials to store room and cleaning up environment

____ 2. Demonstrated competency in planning appropriate activities to facilitate group and individual goals.

____ 3. Utilized appropriate language and interactional strategies with the children to achieve desired goals.

____ 4. Demonstrated competency in the collection of data and development of appropriate group and individual goals for the language group children.

____ 5. Demonstrated competency in the written reporting of information in initial summary, final report, lesson plans and logs.

____ 6. Ability to follow through with two parent conferences in a professional, caring manner sharing with parents the language group goals for their child and the final progress report.

Introduction to Preschool Practicum

INTRODUCTION TO LAB PRESCHOOL PRACTICUM

Practicum/Lecture	Issues for Discussion
"Beginnings" Introduction to the Practicum - Expectations, Assignments, the First Day	The Story Book Curriculum: A Discussion and Introduction to Your Practicum Project
"Theoretically & Philosophically Speaking" A Survey of Theorists and a Selected Review of Preschool Program Philosophies	Profiles of the Preschool Children
"The Eclectic Preschool" The Developmental-Interaction Approach, The Role of Staff, The Role of Play, Theory to Practice	Issues Relating to your Questions on the Children
"How Does the Space Support the Goals" Creating the Preschool Environment	Generation of a Plan for the Loft and the Playground
"What's the Use" Exploring Materials (use, extensions, creation) Film: Foundations of Reading and Writing	Film Discussion and Related Issues
"A Sense of Wonder" Experiential Learning, Extended Learning, Hands-On Learning	Issues Related to Journals and Children
"Who Say I Haffto" Guidance of Behavior - Feelings Are An Integral Part of the Curriculum	Discussion of Guidance Issues Related to Journal Notations
"Their Behavior Tells Us What Their Words Cannot" Meeting the Needs. Childhood Stresses	Issues Related. Closure on This Experience For You and the Children
Final Exam	

Project Presentations and "Festivities" (Plan on staying the full two hours plus).

INTRODUCTION TO LAB PRESCHOOL PRACTICUM

Goals:

1. To gain a better understanding of normal development in young children of differing ages, stages, and ethnic background (0-5 years)
2. To understand the mutual benefits derived from the mainstreamed setting.
3. To actively participate in the developmental-interaction approach which demonstrates the value of children's play
4. To learn effective ways to observe and manage behavior, present materials, create environments, and enhance one's own growth.

Assignments and Requirements:

Worksheets explaining each assignment will be handed out.

1. Autobiography (personal reflections)
2. Weekly journal (including first and final impressions on children)
3. Observational recordings on children each day of participation
4. Curriculum assignments
5. Guidance of behavior worksheet to be recorded in journal
6. Evaluating the learning environment
7. Idea gathering for loft and playground
8. Read handouts as assigned prior to class
9. Final paper
10. Final exam
11. A.S.H.A. hour credits (optional)

FINAL GRADE WILL BE BASED ON:

1. Class participation
2. Practicum responsibility
3. Journal and all other assignments
4. Final exam and final project

REQUIRED READING

Arnaud, Sara. Introduction: Polish for Plays Tarnished Reputation.

Carini, Patricia. Building a Curriculum for Young Children From an Experiential Base.

Carson, Rachel. The Sense of Wonder, 1956. Harper & Row Publishers, N.Y.

Duckworth, Eleanor. Piaget Rediscovered, 1970. Educational Services, Inc., Watertown, Mass.

Griffing, Penelope. Encouraging Dramatic Play in Early Childhood, 1983. Young Children, Washington, D.C.

Honig, Alice. Stress and Coping in Children, 1986. Young Children, Washington, D.C.

NAEYC: Position Statement on Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8.

Widerstrom, Anne. How Important is Play for Handicapped Children?

Winner, Ellen. Where Pelicans Kiss Seals, 1986. Psychology Today.

PERSONAL REFLECTIONS:

To help us gain a better understanding of you, we would like you to write a brief autobiography for our first assignment. Try to include the following questions and as much as you choose to share about your family, where you've lived, your schooling, etc.

What kind of child were you? What ten adjectives would be most descriptive?

Can you remember one experience in your early years that has had a lasting influence on you?

What was the happiest event you remember? Age?

What particularly do you remember about your first day of school?

We all have certain sense impressions that are especially evocative of our childhood, and meaningful to us.

What sight comes to mind? Describe.

What sound(s)?

What touch/feel?

What smell(s)?

What taste(s)?

Each of us has a special memory of playing outside as a child... talk to your parents, siblings, other relatives, or old neighbors and have them help you remember as far back as you can. Describe in as much detail as possible all the paraphernalia, feelings, thoughts, activities (private or with others) which surround the incident of outdoor play that you remember best.

What single thing would you be sure to do with your own children?

What single thing would you never do to your own children?

JOURNAL ASSIGNMENT SHEET

"I have had the experience, but missed the meaning." We need to take time out to see where we've been and where we're going, so as not to lose the meaning. The journal is to be a recording of your learnings with children and adults in your setting. Using a notebook that can be turned in each Thursday:

1. Record your experiences. Include not only the "content" of your experiences, but also your feelings about the experience. Why do you think you feel this way?
2. What questions or new understanding come to your mind as you think about the children and about your new knowledge from class? Show the relationships between these two areas of experience.
3. Record your reflections. How did you interact with a child/children that day or feel about an experience that day? As you think about it, also look at your personal beliefs, values, reactions -- what are you learning about yourself or others and the situations you are experiencing?
4. In your first journal entry, please list the children's first names and give a quick first impression of each child.
5. In your final journal, please give a brief summary of each child including what you learned about this child over the eight-week period.

40-393.1 Intro to Laboratory Preschool

GROUP PROJECTS FOR PARTICIPATION IN THE PRESCHOOL

The challenge for our staff is to create a curriculum that links the individual needs and interests of the children with a rich understanding of the complex developmental process. The projects that you will take part in this Quarter will combine the two components of development and curriculum.

The Task will be to develop an experience for/with the Preschool children and families that will consume a week in preparation and actualization. One project will be for the 1st session group (your choice of a theme). The second session project will be a graduation festivity to take place on the last day of school.

Each project will include:

1. Involvement with children and families
2. All areas of the curriculum
3. A central Theme
4. Thorough planning, execution, evaluation

Ideas to think about for session one:

Field trip (Hall of life, Funtastics, Museum, Studio)
Family gathering (Picnic, Play, Snack, Game)
Storybook theme
Celebration
other (?)

We will go over this in detail in class

40-393.1 Intro to Laboratory Preschool

PLANNING SHEET

NAME
DATE
THEME/IDEA

1. GOALS:

2. Curriculum tree (form attached)
3. Week's schedule (form attached)
4. Materials Needed:

5. Food/Cooking:

6. Parent Involvement:

7. Setting (if other than the preschool what needs to be considered)

8. Preschool alone and/or language group included? (what needs to be considered)

9. Evaluation

STUDENT EVALUATION--PRESCHOOL PRACTICUM
(5 outstanding - 1 unsatisfactory)

	5	4	3	2	1	Comments
1. Student's competency in carrying out practicum responsibilities in classroom:						
Planning ability						
Daily set up						
Clean up						
Record keeping						
Team compatability						
2. Student's demonstrated growth in understanding and implementation of appropriate interactions with children (0-5):						
Guidance of behavior						
Journal documentation						
Observational recordings						
General approach						
Communication skills						
3. Student demonstrated growth in understanding appropriate curriculum and materials for young children:						
Selected activities						
Final project						
Development of original materials						
4. Student completed all reading assignments as demonstrated on final exam.						
5. Student completed all written assignments including:						
Personal reflections						
Weekly journal						
Observational recordings						

	5	4	3	2	1	Comments
Guidance of behavior worksheet						
Environmental Evaluation						
Final paper						
6. Effectiveness of final project for mainstream developmental-interaction preschool:						
Age appropriate project						
Evidence of planning for all children						
Execution of project activities						
Competency in written form						
Appropriate bibliography						

Internship in the Preschool Setting

THE CHILD LANGUAGE CENTER

1985 - 1987

INTERNSHIP

INTRODUCTION

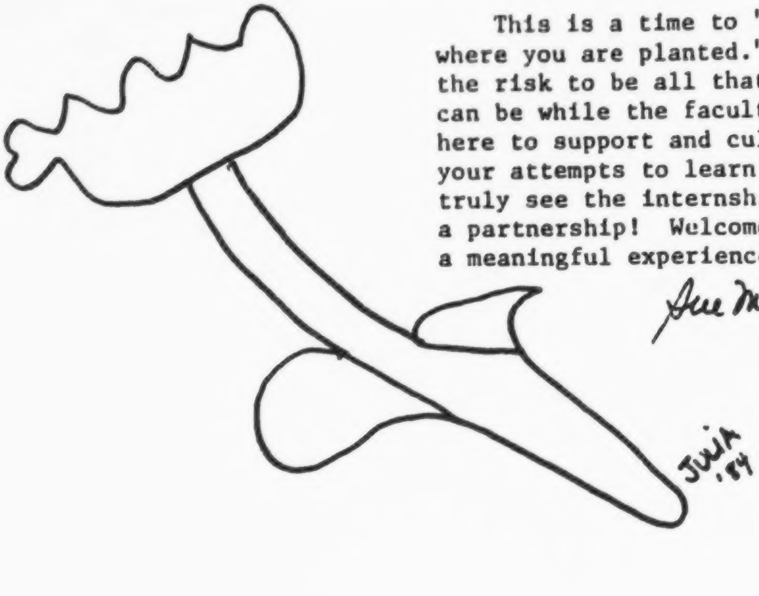
"There was a child went forth every day and the first object he looked upon, that object he became." --Walt Whitman

Welcome to this special world of children and to your internship in the Early Childhood Language Center. We look forward to your active participation and unique contributions to our ECLC team, the children, and their families. We hope this experience will help you begin to find a sense of confidence and respect for the kind of teacher/therapist you are in the process of becoming. May your style begin to emerge as you pull together all your human understandings of children, parents, and colleagues.

You will find yourself exhausted at the end of each day because thoughtful work with young children asks so much of you--energy, planning, commitment, judgment, decisions, understanding, flexibility! You will have times of being discouraged and many days of deep satisfaction. Children have a way of bringing a special meaning into your life and you in turn will become a significant other in their lives!

This is a time to "grow where you are planted." Take the risk to be all that you can be while the faculty is here to support and cultivate your attempts to learn! We truly see the internship as a partnership! Welcome to a meaningful experience!

Sue McCord



HOW DID YOU GET HERE?

Through a grant from the Department of Education: Special Projects, we are engaged in preparing speech pathologists and audiologists to become competent providers of service to handicapped children and their families. An integral part of this preparation is to understand the theories and practice of normal development.

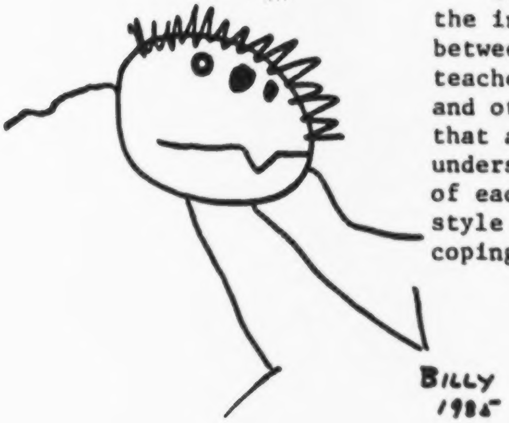
A BIRDS EYE VIEW OF THE INTERNSHIP

As part of the student's training, we have instituted an internship in the Early Childhood Language Center Preschool. Each trainee will spend 20 hours per week in the mainstream classroom, taking on an indepth leadership role in the developmental-interaction approach. This approach, as applied in the ECLC Preschool, teaches the student to see the whole child. The child is viewed as an active learner who demonstrates his/her abilities through play and interaction with peers, parents, and significant others.

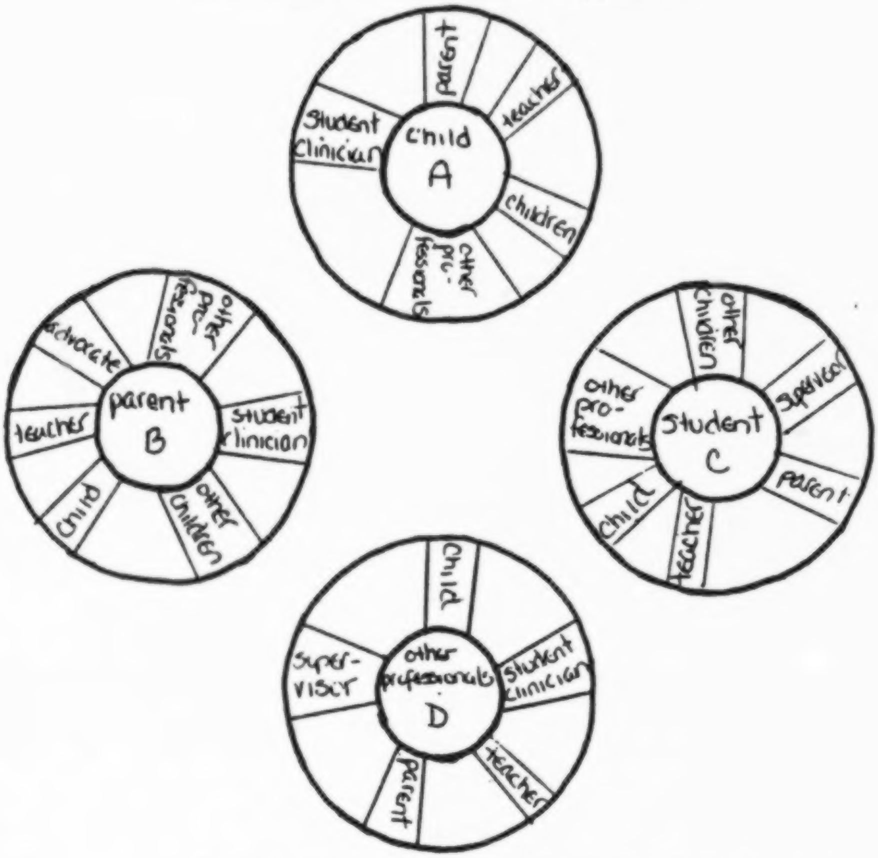
WHAT IS THE DEVELOPMENTAL INTERACTION APPROACH?

The theoretical foundation of the ECLC is the developmental-interaction approach. In this model, development refers to the predictable ages and stages of a child's physical, cognitive, emotional and social growth. Interaction refers to a child's external relationships with the environment, adults, and peers. It also includes the child's internal interaction of blending intellect and emotion.

It is the quality of the interactive relationship between the child, parent, teacher, clinician, peers, and other professionals that allows us to better understand the complexities of each child's individual style of learning and coping.



Developmental Interaction Approach


child
A
parent
teacher
children
other professionals
student clinician
parent
B
other professionals
student clinician
other children
child
teacher
advocate
student
C
other children
supervisor
parent
teacher
child
other professionals
other professionals
D
child
student clinician
teacher
parent
supervisor

Each circle provides the focal point for our training. Circle A focuses on the child and how the child is perceived by the student, parent, teacher, other children, and the team. Circle B focuses on the parent's needs as viewed by the various occupants of the "spokes," and likewise with Circle C and D. The critical aspect for the trainee will be the interaction of each circle, for it is within the dynamics of that interaction that the most complete picture of the child will be revealed.

The developmental-interaction approach allows for indepth focus on team participation. The early childhood specialist, speech/language pathologist, and/or audiologist, along with the parents are the core team members that plan, evaluate and implement the program for the children at the center. To further involve parents there are innovative parent education programs provided including:

> Individualized parent training regarding the hows and whys of parent-child interactions; Fathers' Support Group with bimonthly meetings and workshops; parent counseling directed by two graduate students in child study; individual teacher/clinician conferences with parents as well as pre- and post conferences with parents of children being staffed; multidisciplinary staffings with parents and all professionals involved in the child's life.

GOALS OF THE DEVELOPMENTAL INTERACTION APPROACH:

The goals of the developmental-interaction approach are to help children grow towards increasing physical, emotional, intellectual and social competence. The adults involved foster this through:

> Encouraging active curiosity and enthusiasm for learning.
>
> Having a deep and abiding respect for the integrity of children and other adults.
>
> Striving to see the whole child and believing in his/her ability to grow.
>
> Providing new opportunities to learn new information and develop increasingly complex problem solving skills.
>
> Creating an atmosphere that recognizes children's feelings, ideas, and attitudes and help them express these in constructive and meaningful ways.

Promoting cooperative, prosocial interactions (trust/respect).

Encouraging each child to feel competent and proud of individual steps and accomplishments for himself as well as for others.

Interacting with each child and providing experiences at his/her developmental level of functioning.

GOALS AND OBJECTIVES OF INTERNSHIP:

WHAT ARE THE SPECIFIC GOALS FOR AN INTERN?

The internship in the ECLC will be a bridge from theory to practice, a chance to try your wings in a supportive setting and solidify your individualized philosophy. To attain this goal, you will need:

1. To be an active participant in all aspects of the total program.
2. To establish an understanding of normal development in regard to individual children and children within the dynamics of the group.
3. To observe, comprehend, and evaluate the advantages and complexities of a mainstream setting for all children.
4. To develop skills in working with a varied group of children, colleagues, parents and other professionals.
5. To ask questions. Questions lead to thinking and experiencing which is how real learning comes about.

INTERNSHIP RESPONSIBILITIES:

WHAT SPECIFIC RESPONSIBILITIES DO I HAVE AS AN INTERN?

You will be a vital part of our ECLC network, as an individual, a team member, and as a leader.

I. Intern as "New Kid on the Block"

As the "new comer," there will certainly be a brief adjustment period. The internship

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makes a heavy demand on your life for this quarter -- it will be important at this time to have your life in order while you're in the classroom. The responsibility is for twenty hours a week for a ten week period.

There will be specific expectations on the part of the ECLC teachers. You need to set up a conference at least one week prior to starting the internship to gain a mutual understanding of the responsibilities that lie ahead.

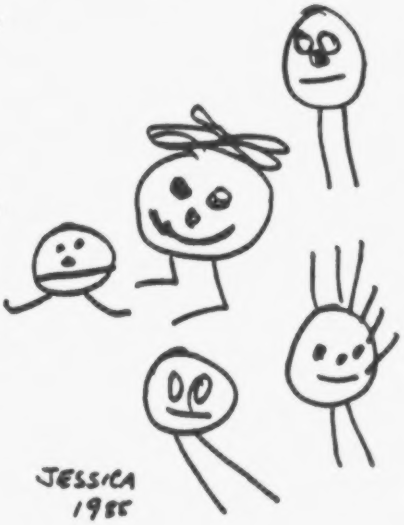
Familiarize yourself with the children, procedures, routines, work areas, classroom, storage, set up each day, supplies, etc. (TLC for the ECLC is attached, please read carefully.)

Dress comfortably in clothes that allow you to really play with the children. If you have a smock with pockets, it's a handy piece of equipment for preschool.

II. Intern as Team Member

Everyone plays hard on this team. It is truly a joint venture of shared chores, frustrations, and great joys!

The expectations will be developed in detail with the teachers. Briefly they include:



THE CLASSROOM

1. The Classroom Responsibility:

A. The daily set-up. Creating the learning environment each day to follow the weekly schedule.

B. Greeting the children and parents as they arrive each morning. We want the children to enter a warm, unhurried place that they will grow to trust and respect as their place.

C. Classroom responsibilities. Knowing the whereabouts of each child, observing when to stand-by, following through, being intune with the tempo of the room, playing with the children without "entertaining" them, and acting upon the simple needs of filling paint cups, helping to feed animals, etc.

D. Transitions and clean-up. In a preschool setting this tends to be an unsettling time. Each adult needs to model, persevere, and help children to comfortably follow through.

E. Departure time. Help to maintain a degree of sanity at this time -- it can be wild as shoes, backpacks, lunch pails, and cabbage patch babies all seem to disappear at this time. Be aware of each child leaving with his/her parent, babysitter, or assigned carpool. One adult will play "hall monitor" each day to assure that no one escapes without an adult attached to one hand. This is critical!

CURRICULUM DEVELOPMENT:

2. Curriculum Development Responsibility:

A. Each week you will plan the weekly schedule and nutrition component with the ECLC teachers and director.

B. As you begin to understand the dynamics of this procedure, you will take on more of the responsibility for the process. Resources (both in books and humans) are readily available.

OTHER: 3. Other Responsibilities as Team Member:

A. Each week the intern is responsible for writing the newsletter that will facilitate a fun and informative link between home and school.

B. In the parent component the intern will be involved in various degrees with:
   - parent workshops, meetings, family gatherings, and the like
   - parent conferences
   - staffings

C. The environment is an integral part of our program. To keep it alive, challenging, and organized -- the team must work hard together. The intern will be a very active participant in this process.

III. Intern as Leader:

The practicum is your "test run." Now as an intern you are a leader. In this role you will:

1. Serve as a role model for other students and the children.

2. Show children you trust them and they can trust you. That doesn't just happen -- it is earned!

3. Assume responsibility for classroom procedures, orchestration of the curriculum, environment, parent links, comfort of other students, and the welfare of our children.

PLAYGROUND: 4. Supervise not only the inside activities, but also the outside curriculum. To be included in the playground leadership:
- Remember: "Two teachers standing together is one teacher too many." Some adults tend to regard outside time as free time -- not here, interns!
- Check all equipment for safety.
- If particular equipment is in demand, establish a meaningul way to have children share or wait for their time.
- Try not to interfere with a child's activities prematurely. Give children time to resolve their own conflicts. (When danger or destruction are involved -- move in fast!)
- Always have one eye, if not one hand, on all climbing apparatus. With newly acquired skills, children often become over zealous and we need to be able to avoid serious falls!!
- Be playful, enjoy yourself and the children!

IV. Intern as Individual:

Hard work, thought, energy, imagination, sensitivity, and commitment make a first rate teacher/therapist. It can be exhausting! Make sure to:

1. Give yourself time to find inspiration in your work and strength for the children.

2. Provide a space for personal goals in pursuit of the internship. What do you wish/expect to derive from this experience.

3. Take the time each week to plan a brief meeting with your ECLC supervisors to keep the channels of communication flowing in both directions.

4. Try to gain the ability to have realistic expectations of yourself.

There is no need to fight against feelings of inadequacy and insecurity -- you are here to learn! We are all here to learn. No one is an expert in this setting. Some of us have just had much more experience. We want you to have a sense of control in this situation and open-ended communication with the ECLC staff.

V. Intern as Evaluator:

It is important to be discriminating/ analytical about what you observe, sense, feel so that you can subsequently develop your own style and competence. It will be helpful to:

1. Be in touch with your own feelings:
    - How do you honestly feel about children in general and about specific children -- bright, delayed, handicapped, troubled, etc.
    - What bothers you and how do you handle it.
    - Do you have concerns about working with parents of varying backgrounds and personality types.

2. Have an understanding of your personal goals and objectives.
    - What are your short term/long term goals in the internship. How will you and the ECLC staff judge whether you have attained those goals. It will be important for each individual to develop a system by which they will be evaluated.

3. An evaluation of the internship program will also be necessary at the end of your experience in order for us to analyze the effectiveness of such training.

IN CLOSING: As the end of your internship approaches, be aware of the children's feelings. They will know you well now and think of you as their friend. Often they find it hard to know that you are leaving. Find a way to make this departure meaningful and understood. They accept it more easily also when you assure them you will come to visit.

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Remember that you hold much information about the school, the families, the children that must remain confidential. Remember also that a sense of humor is one of the best qualities to have. Nothing is so serious, so heavy that you cannot find a humanistic perspective.

You are entering a profession that is rewarding and deeply satisfying. It is creative and active because you are involved with the growing minds of children. If you help children find excitement in learning, you will give them something that goes beyond the ECLC and the therapy room.

> "Feed a man a fish -- he eats
> for a day. Teach him how to fish --
> he eats for a life time."

We wish you well!

Evaluation of Students in Preschool Internship

Student's Name________________________

Supervisor's Name_____________________

Rating Code: 1 = unsatisfactory; 5 = outstanding

_____ 1. Competency in scheduling, meeting, and fulfilling orientation procedures.

_____ 2. Competency in completing classroom responsibilities including planning, setting up, clean up, and following through with facilitation of routines.

_____ 3. Competency in completing curriculum responsibilities including planning of weekly activities, implementing plan effectively within the classroom and writing the weekly newsletter.

_____ 4. Competency demonstrated in efficiently and effectively fulfilling parent component responsibilities including involvement in parent education program, parent conferences and staffings.

_____ 5. Demonstrated leadership abilities and personal growth in developing of initiative, organizational skills, role model skills, and effective interpersonal interactions with children, parents, coteachers, and colleagues.

Externship in an Off-Campus Setting

Externship in an Off-Campus Setting

All graduate students were given the opportunity to participate in an externship in an early childhood special education setting. The settings varied from a diagnostic center, which focused on identification of children with communication disorders to a classroom setting working along side an early childhood educator, to a hospital setting where exposure from the newborn to school age child was made possible. Externship sites were selected on the basis that they would include diagnostic experience, exposure to communication disordered children in individual and group settings, the opportunity to interact with parents, and participation in a multidisciplinary team. The externship provided students at the end of their program, the opportunity to integrate the accumulated knowledge gained in a potential employment setting.

Externship sites:
The Children's Hospital, Denver, Colorado
Boulder Memorial Hospital, Boulder, Colorado
Jefferson County Public Schools, Lakewood, Colorado
Child Find, Denver, Colorado
Boulder County Developmental Disabilities Preschool, Boulder, Colorado
Aurora Preschool Assessment Center, Aurora, Colorado
Douglas County Early Childhood Special Education, Castle Rock, Colorado
Denver Public School Early Childhood Special Education, Denver, Colorado
Easter Seals, Littleton, Colorado

STUDENT EXTERNSHIP EVALUATION FORM

STUDENT NAME:____________________EXTERNSHIP SITE:______________
EXTERNSHIP INCLUSIVE DATES:______________________

PLEASE RATE CLINICAL COMPETENCY WITH RATINGS AS FOLLOWS:

NA Not applicable	2 Below average	4 Above average
1 Unsatisfactory	3 Satisfactory	5 Outstanding

	Mid Yr.	Final
I. CLINICAL COMPETENCE		
A. Evaluation skills		
1. Formal tests		
a. selection (appropriateness		
b. administration		
c. flexibility		
d. analysis (scoring)		
e. result interpretation		
f. integration/summary of results		
2. Informal Tasks (behavior sampling and observation)		
a. appropriateness		
b. demonstrated understanding of young children		
c. efficiency		
d. interpretation		
3. Differential diagnosis		
4. Prognosis		
5. Recommendations/referrals		
6. Interview/counseling skill		
B. Treatment skills		
1. Goals/Objectives		
a. long term		
b. short term		
2. Preparation (procedures and materials)		
3. Rationale		
4. Techniques		
a. organization (sequencing)		
b. use of equipment and materials		
c. directions and explanations		
d. flexibility		
e. creativity		
f. rapport with families and children		
g. motivation (feedback, reinforcement)		
h. cuing		
i. group process		
j. behavioral management		
5. Evaluation (data collection and analysis)		
6. Counseling client and family		
C. Reporting skills (lesson plans, charts, reports)		
1. Form		
2. Content		

EVALUATION OF EXTERNSHIP SUPERVISION

Date_____________________Extern_____________________________
Supervisor_____________________Site_________________________

Please rate the following items using the number corresponding to the appropriate rating.

NA Not applicable
5 Outstanding
4 Above average
3 Satisfactory
2 Below average
1 Unsatisfactory

SUPERVISOR

_____ 1. Established appropriate requirements for externship performance

_____ 2. Observed therapy and diagnostic evaluations for an appropriate amount of time.

_____ 3. Exhibited skill in therapy and diagnostic evaluation and observation

_____ 4. Provided adequate direction and guidance

_____ 5. Demonstrated appropriate procedures for evaluating performance

_____ 6. Demonstrated appropriate professionalism

_____ 7. Demonstrated flexibility in response to feedback

_____ 8. Was responsive and encouraging in supervisory interactions

_____ 9. Demonstrated appropriate clinical skills

_____ 10. Overall performance as a supervisor

EXTERNSHIP PLACEMENT

_____ 1. Contained adequate equipment, materials and observational facilities

_____ 2. Offered appropriate interaction with other professionals

_____ 3. Offered adequate training in:
  _____ a. Diagnosis of communication disorders
  _____ b. Therapy with communication disorders
  _____ c. Counseling concerning communication disorders

Parent Education Practicum Model

Theoretical and Philosophical Basis for the Parent Program

Janice Zelazo, M.A., CCC-SP
University of Colorado, Boulder

Final Report for the United States Department of Education: Special Project for the Preparation of Speech Pathologists and Audiologists to Provide Competent Services to Handicapped Children, Birth to Age 5.
Competition: 84-029K Special Projects

PARENT EDUCATION PRACTICUM MODEL

Theoretical and Philosophical Basis for the Parent Program

Parent programs have typically focused on education, counseling and/or training from the perspective of the child's disabilities and needs, and from the perspective of the program's model of service delivery. As children have had to fit categorical definitions for service delivery, parents -- most typically mothers -- have had to fit into generic parent programs. The concept of a single fix-it model with a deficit orientation is no more appropriate or effective with children than it is with parents and families. By responding to concerns identified by parents and supporting their existing skills, the professional can assist in bridging the gaps in parents' skills and information.

The underlying philosophical foundation of this training is to adapt to the individual interests and needs of each family. Theoretical basis for this stance is founded in research related to adult learning and the INREAL model for effective communication. Inter-reactive learning (INREAL) uses conversation in a conscious manner for facilitating learning. Through active listening and expansion on observations made by parents, the professional addresses the parents' concerns and needs rather than a preconceived agenda. Issues related to education, training and/or counseling are thereby addressed in a personal and timely manner thus facilitating growth and learning. A strengths based, developmentally sensitive program with awareness of the unpredictable and non linear nature of the grieving process was offered to the families of children with special needs enrolled in the Child Language Center.

Focus: The Parent

The overall parent program consisted of a number of options for parent involvement. In keeping with the philosophy of this project, options were designed to address a range of needs. Options reflected: time commitment, time of day, place (home, school or social focus), one to one or group experience. Over the course of the academic year it was noted that parents' interests, needs and time constraints varied and the flexibility of the program allowed responsiveness to individual family requests. Additionally, this model allowed the more hesitant parent(s) to request or partake in activities on their personal timeline, without an added pressure. Research literature and experience indicates that learning is facilitated when the learner is active in planing his/her program. The activities and options offered for parents included:

1) A parent orientation to the CLC

2) Parent Meetings - these meetings took different forms. Some were designed to provide information relevant to child development while others provided the opportunity for parents to raise personal questions and concerns regarding child rearing. The latter format allowed parents to share similar experiences and see each other as a support

system. These meetings were facilitated by a staff member, typically the parent program coordinator, a speech/language specialist, or the early childhood director. These meetings were held during both daytime and evening hours

3) Parent Observation of CLC. Parents were encouraged to observe the classroom independently or with a staff person. The program director and the parent program coordinator were available for spontaneous or scheduled observations with parents. The regular opportunity to observe also allowed parents to continue their informal contact and support for one another.

4) Social Activities - social activities such as picnics and potlucks were held a few times during the year. The frequency of these gatherings reflected family interest.

5) Parent Conferences - These occurred between parents, teachers, and student clinicians and supervisors (as applicable) three times during the year with a home visit occurring at the beginning of each semester.

6) Parent Training. Each semester a graduate student in speech/language pathology and the parent coordinator worked together with self-selected families in this specific training program. A detailed discussion of this program follows.

Discussion: Parent/Child Interaction Training

The parent/child interaction training is an observational based model to support parents in becoming more aware of their communicative style with their special needs child as well as understanding the basics of child development.

Through observation and discussion of the child's in-class experiences and observation and discussion of familial interactions by use of video taping, parents not only learned about their child's learning and communicative style, but also the particular communicative styles of the family unit. From this base of information and awareness, parents were supported to continue their use of successful interaction and were guided in how to elaborate on these. Awareness of and sensitivity to less successful interaction was developed. Together with the parents, the trainer explored alternative interaction strategies in order to further enhance communication within the family. The child with special needs was the focus. Knowledge of child development and interactive communication, the latter based on INREAL, was incorporated into observation and discussion sessions.

Components of the parent/child interaction training:

1. Classroom observation by parent(s) and trainer	2-1 hour sessions monthly
2. In home video taping of the family	1-1 hour session monthly
3. Viewing and discussion of video by parent(s) and trainer	1-1 hour session monthly
4. Parent discussion group regarding the training/ learning process	2-1 1/2 hour sessions each semester

Program Goals for the Parent

I. Parents will improve their observational skills of their child* with special needs with regard to all areas of child development (communication, cognition, social-emotional, motor and self-help).

II. Parents will improve their understanding of the role of conversation in learning.

III. Parents will enhance their natural conversational skills with their child.

IV. Parents will increase their successful communicative interactions within the family dynamic.

V. Parents will increase their understanding of how their child uses communication to learn.

VI. Parents will increase their enjoyment and feeling of success while in play with their child.

*From here on child will refer to child with special needs.

Evaluation of Parent-Child Interaction Training

In keeping with the philosophical tenets of this program, training effectiveness was evaluated by the parents receiving the training. As this overall project served the dual purpose of service delivery and preservice training, it was decided that the training evaluation tool for parents be constructed by the graduate students. Evaluation forms addressed both goals for the overall training as well as specific parent/family goals. The evaluation form was completed independently by each parent on a pre and post basis.

The evaluation included both comments and ratings directed to self, program and trainer evaluation. Areas addressed included: understanding of child's communicative style in varying situations, understanding of child's play skills and style, skill in observation and ability to express what is observed, effectiveness in conversing with the child, knowledge of child development, change in interactions as a result of training, evaluation of trainer, future needs and recommendations for changes in the training program.

Addition

The overall goal within the parent program for trainees as stated in the original grant was to provide them with information regarding the critical relationship between parent and child and actual experience in facilitating parent programs.

Focus: The Trainee

Four graduate students in the Department of CDSS were awarded traineeships for one academic year as part of their training. Each of these students directly participated in the parent program component for one semester. During the remaining two semesters their parent training focused on trainee group seminars to discuss issues and concerns in working with families. Supervision and training occurred in a multifaceted manner. The components include: 1) individual meetings with the supervisor for personal goal setting, planning, evaluation and discussion; 2) observation of the supervisor providing direct service followed by a debriefing session; and 3) group seminars with the other trainees. Topics for group seminars included: discussion of specific families, discussion of trainee feelings and reaction to working with families, videotape viewing of parent-child-trainer interactions, role playing parent-trainer interactions, discussion of readings and presentation of theoretical information related to parent work and child development. These seminars were also open to both undergraduate and graduate students who were taking a clinical practicum in the Child Language Center. Aspects of course requirements and evaluation were outlined for the trainees in the following form:

Course Requirements:

1. Observation of parent training model
2. Implementation of parent training model with two families.
3. Trainee Seminar (1 - 1 1/2 hour session monthly, for all trainees.) (This group is open to all CLC practicum students.)
4. Individual supervision (1 1/2 hr. monthly) to address:
    a) goal setting
    b) issues and concerns regarding training
    c) video of family interaction
    d) evaluation of training

Assignments:

Readings

Journal/process notes

Video assessment of parent/child communication skills

Summary of parent discussion sessions

Trainee evaluation will be based on:

1. Self evaluation
2. Instructor's evaluation of trainee
3. Parent's evaluation of trainee
4. Written skills through journal/process note and session evaluation

Training program evaluation will be based on:

1. Trainee evaluation of course content and delivery system
2. Trainee evaluation of instructor
3. Parent evaluation of program and delivery system

The trainees within this program had both theoretical and practicum experience in working with normally developing children as well as with children having special needs. Their overall experience with the normally developing child, however, was quite limited. One of the purposes of their general training was to improve their knowledge, understanding and observational skill of the young child's behavior thereby addressing all aspects of child development. A tenet of this project was that with an increased knowledge and sensitivity to child development, speech and language specialists will be better equipped to work with families having children with special needs. From a basis of understanding normal child development the speech-language specialist can more realistically assess a child's overall performance and functioning. This knowledge then can be used to assist parents in: 1) looking at their children realistically, 2) having appropriate expectations and 3) interacting with their child using strengths to support growth in areas of need.

Communication has been discussed in the research literature as being the vehicle which supports learning. The relationship between a primary caretaker and an infant has been documented to be of critical importance in its effect on the child's overall development. In many instances the communication between parent and special needs child is disrupted because of a variety of factors. These may include - subtle and/or unclear signals, difficulty in perceiving communication signals, delay in development of both nonverbal and verbal expression, and caretaker distress. Additionally, it has been noted that patterns in communication can become established and fixed rather than reflective of or nudging to new developmental stages. The adage of "it works, don't rock the boat," can often underlie interactive patterns and habits. In order to change interactive patterns one must be able to reflect on them with some objectivity, assess what constitutes a successful interaction and determine alternative action when interaction has been unsuccessful.

The INREAL (INter-REActive Learning) model was used as a basis for training the trainees in communicative interaction. "INREAL is a natural conversational method of language learning for handicapped and nonhandicapped children and adults." It is based upon knowledge of: normal language development, the rules and structure of conversation, child development and learning theory and behavior. Videotape analysis of interactions is a method employed to develop awareness, sensitivity, information and skill in interactive communication. This knowledge served as a basis for the trainees in their interactions with families and as they supported families in looking at their communicative patterns.

The project's overall goals for the trainees stems from the basis of the developmental/interaction approach. That is -- effective interaction between parent and child is of primary focus rather than instruction or teaching of specific skills. The goals for the trainees were stated in the context of a developmental process with the understanding that interns are at an entry level in what is a long process of developing competency in working with families.

Goals for Trainees

Development of ability to:

1. Identify and assess the child's communicative patterns within the Child Language Center and within the family dynamic.
2. Identify strategies that will further support the child's speech-language-communicative development.

3. Understand and be sensitive to the theoretical issues while simultaneously addressing the specific issues of the individual family.
4. Work with parents to facilitate their observational skill and their understanding of their special needs child and child development in general.
5. Work together with parents to identify and further implement successful patterns of communication.
6. Gain competence and confidence in assessing the parent's feelings toward their special needs child.

Each trainee's involvement with parent training was unique. Factors which impacted on the design of their program included: the number of families who self-selected for training, trainees prior experience and skills, off campus full-time internships and a seven week summer semester. Additions to the training program included:

1. Co-planning and facilitation of in house discussion groups for parents
2. Co-planning and facilitation of a parent group at a community day care program which primarily services low-income and single parent families
3. Writing of an information-based newsletter which evolved form parent meetings
4. Attendance at public school staffings with families from the program
5. Visits to other preschools which children from the Child Language Center attended.

The match of family and trainee was made with consideration to such factors as: temperament style of trainee and parents, prior experiences of trainee, overall needs of families and time schedules. At the beginning of the semester the supervisor explained and discussed the parent-child training program at a parent meeting. Some individual explanations also occurred. After a family expressed interest in the training program, the supervisor pursued this and notified parents at the beginning of each semester as to which trainee would be working with them. Because of the supervisor's involvement with parents throughout the year she acted as a bridge of trust between parents and trainees. The trainees also put together a questionnaire for parents in order to gain further information about the families they were about to start working with. These were completed early in the semester by each parent.

In addition to the program goals set for the trainees they identified personal goals for their work with parents. During individual meetings with the supervisor these goals were discussed and any necessary revisions were made. Goals were written so that they could be rated pre and post training by the trainee. Progress with goals was discussed in subsequent meetings as well as trainees developing their own means to monitor their progress. The viewing of their videotaped family interactions, together with the supervisor, was also a consistent means of monitoring.

Training and trainee effectiveness was evaluated form the perspective of: trainee self-evaluation, trainer evaluation and evaluation by the parents. (Refer to evaluation forms at the end of the report.)

Focus: The Trainer

The role of the speech/language pathologist specialist as parent program coordinator was to provide direct service to families within the Child Language Center, coordinate parent programs and activities and train and supervise the grant trainees in this aspect of their program. Research literature in the field of education has recently restressed the importance of the mentor model for beginning teachers. It was felt that this concept was equally meaningful for beginning speech and language specialists. The parent program coordinator therefore worked with one family each semester in the developmental interaction training component. Other direct service responsibilities included: facilitating parent group meetings within the Child Language Center, observation of the CLC with parents, viewing of videotapes with parents, individual meetings and co-planning and facilitating a parent group at a community day care center. Whenever possible sessions with parents were videotaped for the debriefing at the follow through seminars with the trainees.

Issues to be addressed in programs training students to work with the families of special needs children:

1. There is need for a one or two semester preservice course in parent work and counseling

2. A mentor model for service delivery is relevant and appropriate
3. Adequate supervision of trainees is critical
4. Training (theoretical and practical) in normal child development is essential for students of speech and language pathology
5. Typically trust between parents and trainees builds slower than between parents and experienced professionals
6. Time schedules for families, trainees and supervisor are frequently influx and challenging to coordinate
7. Time and trust development are critical to obtaining fairly natural in-home videos of family interactions
8. After one semester of the parent-child developmental interaction training, both parents and trainees were just beginning to find the rhythm of working together
9. If we value the interface and team work of parent and professional, we need to find a way to build this type of training into the speech pathology and audiology graduate level curriculum

A brief discussion of a case study follows in order to demonstrate the interface of family, trainees and trainer. The family consists of two parents and a child of four years at the time of enrollment at the Child Language Center. The parents are bilingual-bicultural having immigrated from Cambodia approximately two years prior to their child's birth. At the time of our initial contact with the family they had recently moved to Colorado from another state. Their few surviving extended family members lived in other parts of the United States.

The child, referred to as "K" in this report, had a medical history from approximately 6 months of age of severe allergies, recurrent otitis media and poor weight gain. Because of the child's medical problems, the cold climate in which the family lived and the social-cultural adjustment difficulties, mother and child remained isolated much of the time. Upon entry to our program, both parents spoke some English. "K," however, was non-verbal, comprehended little in either the family's first language or in English and demonstrated deviant social behavior. He had never received a developmental diagnostic evaluation. The family was referred to our center by a preschool program which he attended two mornings a week. This program offered no special services.

Soon into the family's enrollment in the Child Language Center it was apparent that they were eager for information and support. "K" received a complete diagnostic evaluation and staffing (the procedure is outlined in section VI. of the grant project report). Both parents then expressed interest in parent-child training. Because of the complexity of the family issues, the parent coordinator/trainer assumed the case as a demonstration model and remained involved for two semesters. The goals from training identified by the parents included: 1) to develop more effective and satisfying interactions with their child, 2) to learn how to talk to their child and 3) to understand more about how children learn. In addition to these goals the trainer focused on expanding the family's support system. A grant trainee was frequently present at meetings with the parents in the capacity of observer or as videotape operator. The program of classroom observations, in-home videotaping and subsequent discussion and group parent meetings was followed. Both parents were active participants. During the home visits many occasions presented themselves and were requested by the parents for the trainer to demonstrate interaction with "K." Alternative methods of non-verbal and verbal interaction could be demonstrated when contextually appropriate and were followed by immediate discussion. Some behaviors were modelled because of specific request while others were considered to be important by the trainer. Adherence to topic initiation by the parents was considered to be important to successful training. The benefit of these in-home sessions extended to the classroom staff as the child's overall behavior (social, linguistic, cognitive and motor) was significantly different at home than at school. The videotapes of parents, trainer and child interactions were an extremely useful teaching tool in the trainee seminars.

"K's" growth as a communicator is evident and continues both at home and at school. It has been a dynamic learning experience for all aspects of the program.

EVALUATION OF STUDENT IN PARENT EDUCATION PROGRAM

Student's Name: ______________________

Supervisor's Name: ______________________

Rating Code:	U	1
	S-	2
	S	3
	S+	4
	O	5

_____ 1. Professional qualities

_____ 2. Interpersonal skills

_____ 3. Completion of required reading list and special project

_____ 4. Competency and sensitivity in conducting individual parent training in parent/child interaction

_____ 5. Competency in planning and conducting parent meetings

_____ 6. Effectiveness and sensitivity in one-on-one interactions

_____ 7. Competency in written reporting

Multidisciplinary Team Staffing Practicum

Susan Moore, M.A., CCC-SP
Coordinator of Speech-Language Services
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Final Report for the United States Department of Education: Special Project for the Preparation of Speech Pathologists and Audiologists to Provide Competent Services to Handicapped Children, Birth to Age 5.
Competition: 84-029K Special Projects

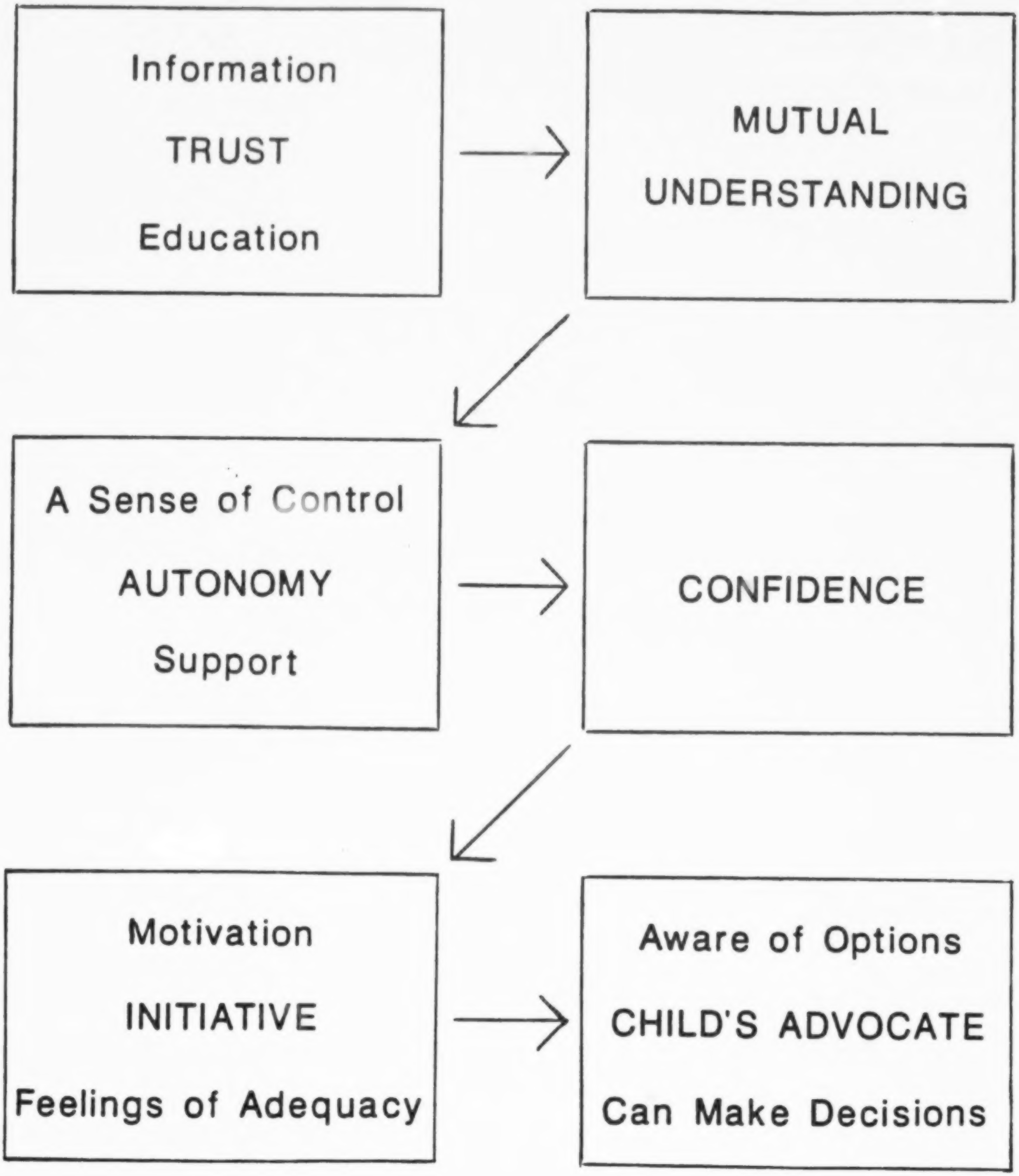
Multidisciplinary Team Staffing Practicum Model

A key component to training competent speech-language pathologists and audiologists for delivery of service to young children (birth - 5) involves communication with parents regarding their child's assessment results and program planning. It has been clinically observed that parents are often confused and/or angry during and following the evaluation of their child. This is often attributed to their incomplete understanding of basic issues and ramifications associated with having a child with special needs. They often report feeling overwhelmed when their child is identified as having a developmental problem. Parents' reactions may be exacerbated by utilization of a communication model that does not recognize their need or allow them the time to assimilate and integrate the information provided by professionals. The model traditionally used to convey information to parents it he medical model. This typically is followed when the professional imparts their knowledge of the child following an in-depth assessment of the child's problems and typically the parent assumes a passive role. This model obviously derives from the "doctor" diagnosing a "disease" or problem. Changes in the format for communication with parent have been implemented in education with the advent of the Education of the Handicapped Act PL94-142. Attempts have been made to draw the parent into an interactive process wherein the parent becomes an active participant in developing the child's educational or treatment plan (IEP). However, parents continue to report deficiencies with the implementation of the educational model. Because of time limitations and lack of information they feel forced to remain passive recipients of the results and recommendations from professionals or become adversarial and resort to litigation to problem solve their concerns. This often contributes to parents' denial and anger regarding their child's situation.

In recognition of this pattern, a model of multidisciplinary team interaction involving parents as integral to team function was developed as part of this project so that students in training would become sensitized to the dilemma facing parents when their child is diagnosed as having a developmental delay. Students were made aware that "in a real sense parents of handicapped children have been given a legislative mandate to be active advocates for the effective education and treatment of their children" (Muir, et al, 1982). However, the component of facilitating advocacy has been absent from training programs preparing professionals to effectively interact with parents. Several organizations including the National Association for Retarded Citizens, Closer Look, and many recently formed parent support programs (PEAK in Colorado) recognize the need for parents to receive information and training in developing advocacy skills. The Family Intervention Project at Georgia State University has also actualized a program in which staff members are directly teaching parents, through modelling and coaching, the advocacy skills needed to successfully interact with their own project staff as well as other educational, medical and social service agencies.

The model developed as part of the current training project is based on a developmental interaction paradigm consistent with other project components. (Refer to diagram section VI, p. 2.) This involves first the recognition that parents are very much involved in the developmental process of grieving (Solnit, Stark, 1961). Dr. Ken Moses (1984) also describes the grieving process as derived from the work of Kubler-Ross. Parents experience loss when they lose their "dream" of the "perfect child." He notes that how diagnostic information is shared is important in facilitating parents through the initial stages of grief. This enables them to reach a coping level. "Legitimizing their feelings frees parents to find answers and allows them to reattach and move forward." (Moses, 1984) Principles from the work of Erik Erikson were also central to the rationale developed in this model. The concepts of a growth toward independence and consequent awareness of options and an ability to make decisions enables parents to become effective advocates for their child. This process is described in attached diagram. The analogy to the development of a child's growth towards independence is obvious. Its basis is in the development of trust and when applied to this model stems from information and education leading to understanding and autonomy which supports a growth in confidence and motivation in decision making. The consequent feelings of adequacy empowers parents to reach the end objective of effective advocacy.

CRITICAL ASPECTS OF ADVOCACY



Information

TRUST

Education

MUTUAL

UNDERSTANDING

A Sense of Control

AUTONOMY

Support

CONFIDENCE

Motivation

INITIATIVE

Feelings of Adequacy

Aware of Options

CHILD'S ADVOCATE

Can Make Decisions

© Atchison, McCord, Moore

Inherent in the developmental interaction approach to orienting trainees to their role as facilitator in developing parental advocacy is the active participation of parents in every part of the process. The development of respect and sensitivity towards parents by trainees involved in this project was basic to building the necessary trust between "professionals" and parents. This enabled parents to take an increasingly interactive role in their child's staffing as well as other components of the project services offered (parent training program, parent education components, parent support groups, etc.). It also enabled trainees to experience first hand an effective approach to facilitating parent interaction.

The critical component in this multidisciplinary staffing training model is the expanded role of the "professional"/trainee acting as parent advocate. The model maintains that the professional concerned with advocacy acts as educator, advisor, support system and in some cases coordinator in facilitating parents to be active participants in their role as their child's advocate. Objectives of the model as implemented were:

> to foster independent parental decision-making based on accurate information regarding their child
> to educate parents about their role, their children's rights, applicable procedures, and resources
> to guide parents through an educational placement procedure
> to facilitate transitions to new educational placements when appropriate

Each trainee involved in this project was assigned the role of parent advocate at least once when involved in the multidisciplinary staffing process. The specific objectives, requirements and evaluation criteria are at the end of this report. Actual implementation of this sequence with parents was as follows:

First Preparatory conference

provide and establish a supportive atmosphere so that parental concerns and questions can be formulated
educate parents regarding applicable procedure, terminology, resources, and discuss their role as their child's advocate

Second Preparatory conference

delineate questions and concerns in written form
review procedures in relationship to parental expectations

Parent Conference/Staffing

focus on whether parent's questions and concerns are being addressed through conference procedures
facilitate communicative interaction by modeling questions, requesting clarification and expanding on issues as appropriate

Post Staffing/Conference Meeting

review outcomes and information from staffing
clarify informations and/or continuing concerns of parents
provide information regarding specific community support systems, resources or referrals as necessary
facilitate parent's delineations of action plan based on their child's needs

Follow-up

assist in search for appropriate agency/schools
facilitate direct observation, if appropriate
assist in preparing child for transfer, as necessary

Trainees were also actively involved in multidisciplinary staffings through direct observation and assumption of the coordinator role as outlined at the end of this report. Through actualization of this model trainees were afforded the opportunity to interact with the consistent team of professional consultants involved in each child's assessment and staffing. Direct contact with these professionals representing a variety of disciplines as well as with the parents of each child enabled students to experience the conflicts that often arise between professionals and parents. More important was the focus on an effective approach to conflict resolution based on the needs of the child with the obvious direct benefits to both child and parent. Parents repeatedly reported comfort as well as satisfaction with the process. (See letter at the end of this report.) Variations occurred in staffing procedures or format consistent with parental input reagrding their expectations or what would be of most benefit to them. For example, one set of parents chose to take a very active role in the staffing procedures by introducing their child with baby pictures, a review of her case history, and their personal account of her abilities and needs. Other parents, through preparatory conferences, delineated how they would be most comfortable having their child tested (arena evaluation with videotape) and delineated other professionals they would like present at the staffing. All parents were given access to each videotaped evaluation session with their child if they could not directly observe or participate in the assessment process. All parents chose to have all consultant team members present during the staffing. Their questions in any one area could be addressed by the consultant reporting in that crea.

Critical factors of professional time involved in implementation of this model and associated cost were not inhibiting to its being utilized in a training program. They would need to be addressed if generalization of the model occurred in other settings. However, the component of preparatory conferences with the specific objective set of facilitating parent advocacy through education with time allotted to delineate questions, concerns and expectations is considered critical to parental satisfaction with staffing procedures. This component could easily be incorporated into procedures in educational and agency settings. Similar programs with specific objectives designed to enhance parents' active participation in the educational planning process are beginning to be implemented by volunteer parent advocates associated with the PEAK program in Colorado and PEP program in metro-Denver. This demonstrates that components of the program can be effectively transferred so that many parents can benefit from the process.

In conclusion, evaluation results as well as feedback from consultants, other professionals, parents and trainees involved in this project indicate this model has been an effective tool in accomplishing its primary objectives. Students in training were provided with actual experience in team consulting and an effective approach to facilitating advocacy skills with parents.

MULTIDISCIPLINARY STAFFINGS

Parent Advocate Role:

I. Objectives include:

A. Development of awareness and sensitivity to parental needs and concerns when preparing for participation in staffing procedures.

B. Development of facilitation techniques to help parents get their needs met and concerns addressed during the actual staffing.

C. Development of a heightened awareness of and information regarding parent and child rights and alternative procedures or options consistent with legal implications of HB-94-142.

II. Requirements include:

A. Observation of all evaluations recommended (speech/language, developmental physical, physical therapist/occupational therapist, psychologist).

B. Complete familiarization with issues surrounding school placement and other concerns consistent with appropriate federal and state legislation and applicable school district procedures.

C. Scheduling and coordination of two meetings with parents and appropriate EC specialist prior to staffing to discuss specific staffing procedures and to delineate specific questions and concerns (to be formalized in written form in second meeting).

D. Participation in staffing assuming the role of facilitator to insure parents' specific questions and concerns are addressed.

E. Formulation of follow-up letter to summarize results of staffing, addressing answers to specific questions and recommendations discussed.

F. Scheduling of third meeting with parents to discuss recommendations and any remaining concerns regarding course of action.

III. Evaluation:

Evaluation will be based on assessment of the students on a 5-point scale. Areas of assessment include:

A. Competency in scheduling appropriate meetings.

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B. Competency in explaining procedures, alternatives, and facilitating discussion concerning questions and concerns that demonstrate awareness of and sensitivity to parental concerns.

C. Competency in facilitating discussion during actual staffing to ensure parents needs and questions are addressed at that time.

D. Competence in summarizing staffing in written form including in clear concise language utilizing appropriate professional style.

MULTIDISCIPLINARY STAFFINGS

Coordinator Role:

I. Objectives include:

A. Development of insight into the dynamics of a multidisciplinary child development team.

B. Development of insight into the individual roles supporting discipline's play in the evaluation of a young child.

C. Development of experience as a speech/language pathologist who is a member of a multidisciplinary team.

II. Requirements include:

A. Scheduling and observing all evaluations recommended (speech/language, developmental physical, occupational and/or physical therapy evals, psychological eval) and coordinating these evals with the professionals involved as well as the child's parents.

B. Notifying all preschool personnel of the schedule of those evals (Sue M., Sue M., Bruce A., Marillyn A., Jeanne S.) and arranging for videotaping of those evals if that is requested.

C. Coordinating the actual staffing and scheduling a time which is acceptable for all professionals involved as well as the child's family.

D. Acting as the speech/language pathologists consultant for the staffing and reporting on the child's current status and recommendations with regard to speech/language development.

E. Acting as moderator of the staffing guiding the group through the individual reports to summarize and make recommendations.

F. Turning in a written summary of the staffing including brief summaries of the results of individual evaluations as well as a summary and list of recommendations which were made by the group.

III. Evaluation:

Evaluation will be based on assessment of the student on a 5-point scale. Areas of assessment include:

A. Competency in scheduling evaluations and staffing with the professionals and parents involved.

B. Competency in reporting speech/language evaluation results and recommendations to the staffing group.

C. Competency as moderator of the staffing including ability to manage time effectively during the meeting, to conduct the meeting smoothly, and to demonstrate consideration for all individuals involved in the staffing.

D. Competency in reporting staffing results in written form. Assessment of ability to report results in a concise manner, utilizing acceptable professional writing style and organization.

The student will also receive written feedback on her performance from at least two preschool professionals involved in the staffing.

EVALUATION OF PARENT ADVOCATE ROLE IN MULTIDISCIPLINARY STAFFING

Student's Name:_________________________

Rating Code
U = 1
S- = 2
S = 3
S+ = 4
O = 5

_____1. Professional Qualities

_____2. Interpersonal Skills

_____3. Competency in exploring procedures and alternatives to parents of child involved in staffing.

_____4. Competency in facilitating the discussion of questions and concerns of the parents while demonstrating a sensitivity to and awareness of their concerns during the 2 scheduled pre-staffing meetings with parents.

_____5. Competency in facilitating discussion during the staffing to assure parents' needs are met and questions are answered.

_____6. Competence in summarizing staffing in written form.

_____7. Competence in summarizing staffing results for the parents in the post-staffing meeting.

EVALUATION OF COORDINATOR'S ROLE IN MULTIDISCIPLINARY STAFFING

Student's Name:__________________________

Rating Code
U = 1
S- = 2
S = 3
S+ = 4
O = 5

_____1. Professional Qualities

_____2. Interpersonal Skills

_____3. Scheduling of evaluation and staffing with professionals and parents involved

_____4. Competency as motivator of the staffing

_____5. Competency in reporting staffing results in written form

Parent Rating of Multidisciplinary Staffing

In order to improve the quality of services delivered by the preschool, in particular our handling of a multidisciplinary staffing, we are requesting feedback from you regarding the staffing conducted concerning your child. Your cooperation is greatly appreciated.

Please answer the questions below the number for the appropriate rating.

NA Not applicable
5. Outstanding
4. Above average
3. Satisfactory
2. Below average
1. Unsatisfactory

______1. How would you rate the pre-staffing meeting in terms of its effectiveness in explaining the purpose for the staffing to you and preparing you for the staffing?
COMMENTS:

______2. How satisfactorily were your questions and concerns answered during the staffing?
COMMENTS:

______3. How effectively was communication concerning appointments for testing, conferences and the staffing itself handled with you?
COMMENTS:

______4. How would you rate the post staffing meeting with terms of its effectiveness in summarizing results and providing direction for you in meeting your child's future needs?
COMMENTS:

5. In what ways do you feel the staffing could have been handled in order to better meet your needs?

CONSULTANT'S EVALUATION OF PRESCHOOL MULTIDISCIPLINARY STAFFING

Please rate the following questions on a 1-5 scale, utilizing the following guidelines:

1	Unsatisfactory	4	S+
2	S-	5	Outstanding
3	Satisfactory		

_____1. What was your opinion of the format used for this particular staffing?
COMMENTS:

_____2. Do you have a preference for a particular type of staffing format? ___yes ___no If so, what type of format do you prefer?

_____3. Were you given sufficient background information on this particular child prior to the evaluation and staffing?
COMMENTS:

_____4. How effectively did the student coordinator perform her role during the staffing?
COMMENTS:

_____5. How effectively do you feel the parents' needs were met during the staffing?
COMMENTS:

_____6. How effectively do you feel the child's needs were met through the staffing process?

_____7. What is your overall impression of this staffing process as a training tool for students?

_____8. Is this an effective process for providing service to handicapped children?

Please add any comments pertinent to staffing procedure, your role in the staffing, coordination of evaluations, etc. on the back of this form. Thank you for filling out this form.

October 22, 1987

To whom it may concern:

In the spring of 1985, my daughter, Annie (then 3 1/2 years old), underwent a multidisciplinary evaluation, which was supervised by Susan Moore at the University of Denver Speech Pathology and Audiology Department. The purpose of the evaluation was to assess the nature and extent of her developmental delays and to make recommendations for therapy, education, etc.

The evaluation took place over a 4 month period. The process included examinations by Annie by two occupational therapists, two speech pathologists, a developmental pediatrician, a physical therapist, and a social worker. These specialists were drawn from the entire Denver community. One of the team members was Annie's preschool teacher, and he conducted a series of conferences with my husband and me. During these conferences he sought to learn what our concerns for Annie were, as well as to prepare us for the staffing, at which results would be reviewed and recommendations made.

My husband and I were informed during each phase of the process, and our input was sought and given much consideration. The staffing itself was an impressive and meaningful experience for me. All evaluators were present, and each had a list of our concerns that had been prepared from the parent conference series. Each specialist presented his/her assessment, followed by a review of the team's recommendations. The atmosphere was relaxed and there was ample opportunity for interaction among team members and between team members and parents. Where there was disagreement among members as to the extent of Annie's problems, these different views were openly discussed.

As a parent who had been through an earlier medical-model staffing at another institution, I was pleased and impressed with this evaluation process in several ways. My greatest pleasure came from being treated as a team member. I was also delighted with the way team members were drawn from the entire community, rather than being limited to staff members of one institution. Above all, I was pleased that the team viewed Annie as a whole person, and that they were concerned with all aspects of her functioning.

Sincerely,

Marilyn Greene

Marilyn Greene

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Elkind, David, Erik Erikson, The Eight Ages of Man, Readings in Human Development, Dushkin Publishing Group, Gilford, Conn., 1977.

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Willner, Crane, "A Parental Dilemma: The Child with a Marginal Handicap," The Journal of Contemporary Social Work, January, 1979.

Resources:

Closer Look, Box 1492, Washington, D.C. 20013

NARC, 2501 Avenue J, Arlington, TX 76011

The Mainstreamed Laboratory Preschool:
A Training Site

Mainstreaming: Kate Ingmundson, Grant Trainee, 1986-1987
and Sue McCord, Grant Co-Director
Department of Communication Disorders
and Speech Science
University of Colorado, Boulder

Final Report for the United States Department of Education: Special Project for the Preparation of Speech Pathologists and Audiologists to Provide Competent Services to Handicapped Children, Birth to Age 5.

Competition: 84-029K Special Projects

I. A Review of the Literature on Mainstreaming
II. The Child Language Center:
    a) a philosophical statement
    b) Staff Interviews: Benefits and disadvantages of mainstreaming
    c) Training of educators for the mainstreaming setting
III. In closing
IV. Bibliography
V. Teacher/Director Evaluations
VI. Parent Program Evaluation form

I. A Review of the Literature on Mainstreaming

The following is an overview of several studies which examine the efficacy of mainstreaming. Some of the advantages of mainstreaming cited include social integration of handicapped children and imitation of more advanced peer models in play and language behavior. A study of the effects of integration on normally developing children concludes that integration with handicapped children does not have a negative effect on the development of the normal peers.

A study by Peterson and Haralick (1977) investigated the play behavior and social interactions of handicapped and nonhandicapped preschoolers in an integrated classroom during free play. They concluded that the handicapped children were socially integrated in that setting: in 51.9% of the 1322 total nonisolate play interactions, the nonhandicapped children chose to play with their handicapped peers.

Herink and Lee (1985), studied social interactions in 19 Headstart preschool classrooms. They concluded that the handicapped children were "substantially integrated" in both the emotional and social life of the classroom. Herink and Lee (1985) found that the mildly and moderately retarded children in these classrooms took the initiative in 54% of their social interaction with peers; the nonhandicapped children took the initiative in approximately 50% of the interactions with their handicapped peers. In other words, the handicapped children were not avoided or ignored by the nonhandicapped group. The affective tone of social interactions was also examined in this study; it was found that the handicapped children experienced about the same percentage of positive and negative social interactions with peers as the nonhandicapped children did, thus they " participated equally in the affective social life" with their peers.

Handicapped children can benefit from integration with nonhandicapped peers by observing and imitating their more advanced play behaviors. Subsequently, the handicapped child's cognitive development is likely to be enhanced by imitation of normally developing peers in play. Two experiments reported by Peck, Apolloni, Cooke, and Raver (1978) examined the effects of training developmentally delayed preschoolers to imitate the free play behavior of normally developing classmates. These researchers found that simply placing handicapped and nonhandicapped preschool children together did not lead to a significant amount of social interaction between the two groups. In the experiments, adults provided prompting and social reinforcement to increase the amount of imitation of nonhandicapped children by the handicapped children and the amount of social interaction between the two groups during free play. Once the prompting and social reinforcement by the adults was removed, the handicapped children continued to imitate and interact socially with their nonhandicapped classmates. In the second experiment, the amount of imitation which generalized to other play situations increased. The experimenters offered several explanations for this. Perhaps the increased imitation was due to the fact that the nonhandicapped peers were closer in age to their handicapped classmates in the second study. In addition, the materials in the second experiment required less fine motor coordination than those in the first experiment, thus were more suitable for the abilities of the developmentally delayed children and more likely to result in successful experiences. Thus age of peers and the type of materials available may affect the success of mainstreaming with respect to the amount of imitation of play behavior exhibited by handicapped children. The writer would like to add that immediate imitation of play behavior was examined in this study, and no mention was made of the possible positive effects of delayed imitation. Delayed imitation of peer models in play by speech and language delayed children has been observed by teachers in the Child Language Center.

Guralnick (1976) conducted a study to examine the value of integrating handicapped and nonhandicapped preschoolers. He also found that interactions require facilitation in order for handicapped children to benefit from peer modelling. In these experiments, the nonhandicapped peers were instructed in attending to the handicapped children's appropriate behaviors and in encouraging the handicapped children to interact with them. This resulted in increased interaction between the handicapped and nonhandicapped children, and more social play and verbalization from the handicapped play partners. In the second experiment, the nonhandicapped children were trained to utilize specific types of verbal constructions. They then played with their handicapped peers, and the nonhandicapped children's modelling of the trained verbalization resulted in greater usage of those constructions by the handicapped children. Guralnick concluded that normally developing children can be used as learning resources by their handicapped peers. Such a resource would not be as readily available to the handicapped child without mainstreaming.

The attitudes of parents of both nonhandicapped and handicapped children toward mainstreaming were examined in a study by Bailey and Winton (1987). The parents all had children participating in a mainstreamed preschool. Parents in both group agreed that "exposure to the real world" and "community acceptance" for the handicapped were the greatest advantages of mainstreaming. Once their children had participated in the program, the parents of nonhandicapped children became less concerned about the possible drawbacks of mainstreaming.

A study by Odem, Deklyen, and Jenkins (1984) examined the effects of integration on normally developing preschoolers who were placed in a class consisting primarily of handicapped children for one academic year. Their performances on a battery of developmental tests both before and after the school years were compared with the performances of a control group of normally developing children who were matched for age and sex, and placed in a classroom with only normally developing peers. The results of the test batteries at the end of the academic year showed no significant differences between the two groups. The researchers concluded that the normally developing children who had been placed in the integrated classroom had not experienced setbacks in their development resulting from their interactions with their handicapped peers.

II. The Child Language Center: The Mainstreamed Laboratory: A Training Site

A. A Philosophical Statement

The Child Language Center program at the University of Colorado, Boulder, is an integral part of the Department of Communication Disorders and Speech Science. Its mission is to provide a high quality developmental program for young children and their families; to create a preschool laboratory practicum experience for the graduate and undergraduate speech-language pathologists, audiologists, and other professionals in training; toe mainstream an equal number of language delayed and hearing impaired children into the preschool and to serve as a valuable resource for research, observation, participation courses, and community outreach.

The goal of the program is to help each child grow toward increasing physical, emotional, intellectual, and social competence. The environment and program are carefully planned to meet the needs of young children for play, companionship, and individual attention. The program is flexible and recognizes the importance of each child as a distinct person, developing at his own pace. The program provides organized activities as well as free play indoors and out.

For each child, school means being in a group of children much like himself, but different, as all people differ. It means sharing space, equipment, and attention. It means learning to accept decisions and necessary limits set by understanding adults. It means exploring, experimenting, and finding relationships as he deals directly with materials through play... the young child's path to learning and discovery. It means having the freedom to play alone or with peers. It means trying out one's wings away from home and learning to trust other adults and feel competent in oneself.

Our approach is based on a developmental-interaction model. Developmental refers to the predictable ages and stages of a child's physical, cognitive, social, and emotional growth. We also believe that children... like adults... are internally driven to explore, interact, and learn about their world. Our role as the adults in their lives is to provide rich, quality experiences that will facilitate growth by responding at the child's level of development.

B. Staff Interviews

Four preschool staff members were individually interviewed regarding their perspective on mainstreaming. The following information is based on their experience in the Child Language Center in the Department of Communication Disorders and Speech Science at the University of Colorado, Boulder and in the Early Childhood Language Center at the

University of Denver. Marillyn Atchison (Early Childhood Specialist) and Eileen Conroy (Speech-Language Pathologist) were the team educators in the classroom. Sheila Goetz (Speech-language Pathologist) and Sue McCord (Early Childhood Specialist) were the team administrators in charge of supervision and leadership in their professional areas for the Child Language Center and all students in training.

The children that comprise the Child Language Center are diverse in nature. Their special needs range from articulation difficulties, Downs syndrome, autism, processing, sensory integration, developmental delays across the board and an equally unique number of personality/temperament diversities among the peer models.

With this information as a background, the following is a compilation of the CLC staff members' views on mainstreaming:

Benefits of mainstreaming:

Observation: All of the interviewees feel that mainstreaming is beneficial for the children in the Child Language Center. The greatest benefit for the special needs child is the learning acquired through observing peer models and being part of a natural, ongoing social group. The greatest benefit for the peer models in the mainstreamed setting is learning to accept differences in others. Teachers provide models of acceptance by seeing each child's strengths, fostering each child's contributions, and making it evident that every child is valued and respected. The teacher is open about a child's special need, facilitates the other child's understanding of what that handicap means to him, and makes them aware of how they can help ("Tommy has a hard time hearing; we can help him by making sure he can see our face when we're talking."). This can be done as issues arise, on an individual basis.

The parents also learn about differences and similarities in development for special needs children and peer models through the parent program, support groups, social gatherings, and the daily observations as they linger in the halls delivering and picking up their children. They learn to support each other as they realize that all parents struggle with the issues of child rearing regardless of their child's abilities.

Self esteem: All of those interviewed believe that mainstreaming has a positive effect on the special need child's self esteem. In the mainstreamed setting, self esteem can be improved when self-directed learning is encouraged and when special needs children are challenged and supported to succeed. Self esteem is strengthened when children are provided with an environment, atmosphere and people they can trust. It was experienced by the interviewees that mainstreaming reduces the special need child's inhibitions about interacting with peers when understanding adults are available and can model and encourage all children to view themselves as a vital part of the group! In this atmosphere the emotional and social potential of each child is fostered.

Speech-Language: All of the interviewees agreed that mainstreaming is beneficial for the special need child's development of speech and language skills for a variety of reasons. Again, appropriate models are provided by the peer group. Speech and language models provided by peers may be more age appropriate than those provided by adults, in terms of rate, content, and length. The special needs child has more opportunities to use speech and language because it is expected in the mainstreamed setting. Peer models are more accepting of the limited speech and language skills of the special needs children, so that the latter are less inhibited about communicating. The special needs child in this setting have a greater desire to communicate.

Development: All of the interviewees agreed that the special needs child's cognitive development benefits from mainstreaming. Various reasons were cited: peer models provide a higher level of play than the special needs child might otherwise be exposed to in a self-contained setting; more natural play opportunities are offered in the mainstreamed setting; and activities can be made available which encourage the special needs child to join in play at his own level, while observing his peer models sharing the same play theme at a more complex level. Furthermore the teachers in this mainstreamed preschool have had experience working with all children and their understanding of normal development helps them to have more appropriate expectations for the special need child's cognitive development as well as all of the other core areas of the child's development.

Real world experience: All of those interviewed agreed that mainstreaming helps to prepare the special needs child for the "real world." In this emotionally supportive preschool setting, the child is exposed to a wide variety of people and experiences where he can safely practice and learn to deal more effectively with his frustrations. The number of well-trained adults in the classroom is a critical factor and makes it possible to intervene sensitively before all the children concerned feel out of control.

Parents: In order to maximize the benefits of mainstreaming for all of the families the interviewees agreed that the educational and small support groups for parents were very helpful. The parent training provided a more effective way of communicating with one's child and was a benefit to many of the CLC parents. (This program is elaborated in the section on the Parent Training Practicum.) The common goals shared by the parents that were working together on fund raisers, car pooling, potlucks, and interest groups were a unifying factor available to all families. Having a staff who believes in the importance of the families involvement and a specific person assigned to the role of a parent coordinator was a boast to all the efforts in this direction.

Disadvantages of Mainstreaming:

Rejection: Rejection is not limited to the special needs child at this age as all children struggle to be accepted by their peers. In the CLC, the adults continuously model by their daily actions that each child is valued and respected and a very clear message, that teasing is not tolerated, is demonstrated from day one. When children from an early age are helped to understand all of our differences and similarities they soon learn to be more accepting. It is a slow, deliberate process for everyone.

Pace: It was suggested that the pace may be too rapid for some special needs children in the mainstreamed setting because of the needs to accomodate the peer models. This can be particularly true at large group time if the "agenda' for that gathering is not carefully thought through, conducted with skill, and sensitive to the needs of all the children.

Independence: Other concerns for the peer models in the mainstreamed setting might include less independence when there is a greater number of adults in the classroom and the issue of providing unique challenges for the children who grasp information easily and need to be nudged along at a different pace. This takes constant monitoring.

Attention: When asked if, in the mainstreamed setting, special needs children do not get as much attention as they need, the interviewees agreed that this has not been a problem in the CLC. The number of adults in the room, due to the CLC training program, does help to spread the tangible support need for particular children. Peer modeling also appears to compensate where this is a problem because the special needs child is more motivated to imitate peer models than to respond to directions given by an adult.

C. Training of Educators for the Mainstreamed Setting

All of the interviewees agreed that educator[1] training is an essential part of making the mainstreamed classroom an effective, positive learning environment. Included in the training should be:

1. background knowledge of normal development and a keen ability to observe and critique;
2. in class, supervised experience
3. model teachers with a strong background in early childhood development
4. a team approach with a speech-language pathologist in the classroom and on-going consultantships with an O.T. or P.T., and a family therapist, social worker, or counselor
5. experience working with both peer models and special needs children at a variety of developmental levels;
6. experience with curriculum development and implementation
7. facilitation of communicative competence
8. Promoting naturalistic interactions with parents and families
9. on-going training process for the staff as well as the trainees.

In closing: The teachers and administrators interviewed were asked to share the most important lessons they learned from their experience with mainstreaming. Perhaps the most critical aspect is the unanimous feeling that the children are children first and that some may need extra support because of their special needs. The strong belief is that the mainstreamed classroom should provide the best of early childhood for every child! The CLC strives to maintain a constant awareness of each child's physical, social, communicative, and emotional comfort and safety as well as providing the cognitive challenge. The environment "speaks" to the children - the areas in the room are clearly defined and the materials carefully displayed and organized. Another important series of lessons/beliefs is that the major part of learning must be through self selected, child centered play; that learning is enhanced when the classroom educators are a team of professionals who can share their expertise for the most beneficial program for all children; and that parents must be a vital part of that team. In the words of Nicholas Hobbs: "... parents have to be recognized as special educators, the true experts on their children; and professional people... teachers, therapists, pediatricians, psychologists and others... have to learn to be consultants to parents." These critical lessons were the outcome and impetus for the Developmental Interaction approach to training.

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[1] The term educator refers to any adult working in the classroom with young children - therapist, parent, teacher, etc.

V. TEACHER/DIRECTOR EVALUATIONS

Teacher Evaluations

Purpose: The purpose of this evaluation procedure shall be to encourage all staff to monitor their personal and professional growth.

Goals: Our goals shall be:

I. To assess our individual and team ability to provide:
  A. a high quality developmental program for mainstreamed preschoolers from 2 1/2 to 5 years of age.
  B. a support system to our parents.
  C. a training facility for graduate and undergraduate students in the department and across campus.

II. To create a vehicle for open two-way feedback between director and staff for the continued personal growth and effective job performance of all team members.

Procedure:

  A. semi-annual written evaluations of each staff member (director and teachers) will be completed at the end of the fall quarter and the end of the spring quarter. This form will also include a section for self evaluation.
  B. individual conferences

1. Fall: two or three areas for focus will be identified and a plan of action agreed upon.
2. Winter: Review and assessment of focus areas will occur at end of winter quarter.
3. Spring: Final evaluations will be in written form with a follow-up personal conference to reflect on the year and to set or re-establish goals for future.
4. Team meetings will continue throughout the year to assess our program goals and to develop all aspects of the overall curriculum.

Staff Evaluation Worksheet

Staff Member:
Position:
Date:
Evaluator:

I. Implementation of Classroom Goals:

A. Relationships: The preschool is a living laboratory of human relationships. Effective work with people is critical to program success.

Children:

Parents:

Staff/Team:

Students:

Visitors:

B. Curriculum Development: The curriculum in preschool encourages children to be actively involved in the learning process, to experience a variety of developmental appropriate activities and materials, and to pursue their own interests with support.

Planning:

Activities/Implementation:

Art:

Science:

Manipulatives:

Creative Dramatics:

Music/Movements:

Sensory:

Group:

Transitions:

Snack:

Outside:

Record Keeping:

C. Environment: The arrangement of space is important because it affects everything the children do. It affects the degree to which they cay be active, the choices they make, and the ease with which they can carry out their plans. It affects their relationship with other people and the ways in which they use materials.

General responsibilities:

Implementation of environmental goals:
(Including individual and group needs)

II. Personal Style:

Who you are has so much to do with how you teach.

Commitment and attitude:

Guidance techniques:

Resourcefulness and organizational abilities:

Allocation of time:

Professional pursuits:

III. Implementing of Program Goals:

Support to total program: (the 3 M's of program underpinnings: The mechanics, the maintenance, and the mundane)

Course work:

Department responsibilities:

Grant involvement:

COMMENT:

IV. Self Evaluation:

V. Focus Area	Plan of Action
1	
2	
3	

VI. COMMENTS:

Director Evaluation Worksheet

Director:
Date:
Evaluator:

I. Administration

A. Setting Goals and Objectives:

B. Supervisory Skills and Relationships:

Staff:

Students:

Children: (classroom supervision and participation)

C. Parent Involvement/Activities

D. Property Management:

Preschool:

Child:

E. Budgetary Matters, Record Keeping, Government Affairs, and Fundraising:

II. Personal Style:

A. Commitment and Attitude

B. Guidance Techniques:

C. Resourcefulness and Organizational Abilities:

D. Productivity of Meetings:

E. Dependability:

F. Communication Skills:

G. Professional Pursuits:

III. Implementation of Program Goals:

A. Ability to Convey our Message

B. Leadership Qualities

C. Course Work:

D. Department Responsibilities:

E. Grant Responsibilities:

F. Program Evaluation:

IV. Self Evaluation:

Comments:

VI. Parent Program Evaluation Form

Date:______________________ Age of Child_________

Rating Code: Unsatisfactory = 1
Satisfactory - = 2
Satisfactory = 3
Satisfactory + = 4
Outstanding = 5

1. _____What is your overall attitude toward your child's program?

2. _____How well do you think the program meets your child's needs?

3. _____How well does the program meet your family needs?

4. _____Do you feel that your opinions are sought and count in decision-making?

5. _____When you express a need or concern to a staff member do you feel there is some action taken?

6. _____Do you feel it has been beneficial to have your child in a mainstreamed setting?

7. _____Do you feel the team has been able to work effectively with your child?

8. _____Do you feel there is adequate communication between home and school?

Comments/Suggestions for strengthening the CLC program: